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Public Health Agency of Canada

2011–12

Departmental Performance Report

The Honourable Leona Aglukkaq, P.C., M.P.
Minister of Health

Canada

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Minister's Message

I am pleased to present the Public Health Agency of Canada's Departmental Performance Report for fiscal year 2011–12. The report highlights the Agency's continued commitment to leadership, partnership, innovation, and action to protect and improve the health and safety of all Canadians.

In order to promote good health, reduce disparities, and help prevent chronic disease, the Agency continued to support the landmark federal, provincial, and territorial (F/P/T) *Declaration on Prevention and Promotion* and *Curbing Childhood Obesity: A F/P/T Framework for Action to Promote Healthy Weights*. In February 2012, I was pleased to co-host the Summit on Healthy Weights, along with the Nova Scotia Minister of Health and Wellness, and to provide the opening remarks. The Summit brought together stakeholders from multiple sectors to continue the dialogue and explore opportunities for collective engagement on this important public health issue. The Summit discussions centred on supporting healthy eating and active living, creating supportive environments, and promoting multi-sectoral partnerships.

The Agency led Canada's participation in the first-ever United Nations High-Level Meeting on Prevention and Control of Non-communicable Diseases in September 2011. Canada joined United Nations member states in unanimously adopting the UN Political Declaration in an unprecedented global commitment to galvanize action on chronic disease.

The Agency also made significant investments in injury prevention and mental health. The *Active and Safe* injury prevention initiative, announced in March 2011, will continue to build knowledge with respect to injury prevention through collaboration with organizations such as the Lifesaving Society of Canada, Hockey Canada, and the Canadian Red Cross. Mental health was also a priority, as was evident in my June 2011 announcement of 10 innovative projects that directly support positive mental health among children and youth through community-based education and family support programs.

The Agency continued to demonstrate progress in enhancing Canada's capacity to prepare for and respond to public health emergencies. Canada's disease prevention and control system continued to be strengthened through increased surveillance of persistent and emerging infectious diseases, including listeriosis and other food-borne illnesses, as well as the development of information campaigns aimed at high-risk populations. Additionally, the Agency continued to meet and exceed the World Health Organization's International Health Regulations, meeting targets well in advance of the international deadline. The International Health Regulations define the rights and obligations of 194 countries around the world, including Canada, in helping to prevent and respond to global public health risks.

This Departmental Performance Report demonstrates that the Public Health Agency of Canada continues to be a global leader and effective actor in public health, helping to build a healthier Canada.

The Honourable Leona Aglukkaq, P.C., M.P.
Minister of Health

Message from the Chief Public Health Officer

To advance its mandate, the Public Health Agency of Canada provides national leadership to foster multi-sectoral effort and partnerships with the provinces and territories, public health stakeholders, and other federal government departments and agencies. This allows us to make progress in the prevention and control of disease and to prepare for public health emergencies that have an impact on our health, social, and economic development as a country.

In collaboration with public and private sector partners, the Agency increased its reach in raising awareness of risk factors for diabetes. We promoted and disseminated the Canadian Diabetes Risk Questionnaire (CANRISK) and "Your Guide to Diabetes" through pharmacies across Canada to support early identification of risks to health. We also continue to collaborate with Neurological Health Charities Canada in implementing research projects that are gathering reliable information on the extent of neurological conditions, such as Alzheimer's disease, and their effects on Canadians.

The Agency continued to promote health with particular emphasis on early childhood environments for populations facing adverse socio-economic conditions. For example, the Aboriginal Head Start in Urban and Northern Communities Program employed strategies developed and managed by Aboriginal communities to focus on culture, language, education, health promotion, nutrition, parental involvement, and social support.

The Agency also led federal efforts on infectious disease prevention and control to help protect Canadians and improve preparedness. The Agency supported the provinces and territories by conducting genetic and antimicrobial resistance testing on Salmonella and E. coli in order to enhance responsiveness when outbreaks occur. The Agency has led the development of modern genome sequencing tests that provide the most accurate and complete evidence for the investigation of infectious diseases, and this internationally recognized expertise was utilized for Canadian investigations on listeriosis and also global outbreaks related to cholera.

Strengthening public health capacity in Canada remained a focus as the Agency led the *Skills Online* program in partnership with the British Columbia Institute of Technology. The program, intended to provide continuing education for public health professionals, won the Canadian Society for Training and Development's 2011 Silver Award for Training Excellence in the e-Learning category, honouring innovative, Canadian-developed learning products and programs.

The Agency continued its commitment to public service values and ethics through our launch of an updated *Public Health Agency of Canada Values and Ethics Code*, and the associated training for staff to support its implementation. Lastly, I am proud to report that the staff who supported the development of my annual Report on the State of Public Heath in Canada (Youth and Young Adults — Life in Transition) earned acclaim, winning the 2012 Public Service Award of Excellence in the category of Excellence in Policy.

It gives me great pleasure to present the Departmental Performance Report, which demonstrates that the Public Health Agency of Canada remains committed to protecting and improving the health of Canadians.

Dr. David Butler-Jones
Chief Public Health Officer of Canada

Section I – Organizational Overview

Raison d'être

Public health involves the organized efforts of society to keep people healthy and to prevent injury, illness and premature death. It includes programs, services and policies that protect and promote the health of all Canadians. In Canada, public health is a responsibility that is shared by the three levels of government in collaboration with the private sector, non-governmental organizations, health professionals and the public.

In September 2004, the Public Health Agency of Canada (the Agency) was created within the federal Health Portfolio to deliver on the Government of Canada's commitment to increase its focus on public health in order to help protect and improve the health and safety of all Canadians and to contribute to strengthening the health care system.

Responsibilities

The Agency has the responsibility to:

- Contribute to the prevention of disease and injury, and to the promotion of health;
- Enhance the quality and quantity of surveillance data and expand the knowledge of disease and injury in Canada;
- Provide federal leadership and accountability in managing public health emergencies;
- Serve as a central point for sharing Canada's expertise with the rest of the world and for applying international research and development to Canada's public health programs; and
- Strengthen intergovernmental collaboration on public health and facilitate national approaches to public health policy and planning.

Strategic Outcome and Program Activity Architecture (PAA)

The Agency aims to achieve a strategic outcome of the promotion of health, reduced health inequalities, and the prevention and mitigation of disease and injury, supported by its Program Activity Architecture depicted in the following figure.

Strategic Outcome: Canada is able to promote health, reduce health inequalities, and prevent and mitigate disease and injury						
1.1 Science and Technology for Public Health	**1.2 Surveillance and Population Health Assessment**	**1.3 Public Health Preparedness and Capacity**	**1.4 Health Promotion**	**1.5 Disease and Injury Prevention and Mitigation**	**1.6 Regulatory Enforcement and Emergency Response**	**2.1 Internal Services**
	1.2.1 Public Health Surveillance	1.3.1 Public Health Capacity	1.4.1 Healthy Communities	1.5.1 Chronic Disease Prevention and Mitigation	1.6.1 Regulatory Enforcement	2.1.1 Governance and Management Support
	1.2.2 Population Health Assessment	1.3.2 Preparedness	1.4.2 Emerging Priorities and Innovation in Health Promotion	1.5.2 Injury Prevention and Mitigation	1.6.2 Emergency Operations	2.1.2 Resource Management Services
		1.3.3 Public Health Networks	1.4.3 Childhood and Adolescence Programs	1.5.3 Infectious Disease Prevention and Control	1.6.3 Emergency Stockpile	2.1.3 Asset Management Services
			1.4.4 Aging and Seniors			

Organizational Priorities

Organizational Priority	Status
I. Managing Public Health Risks to Canadians	**Type:** Ongoing
	Program Activities: 1.1, 1.2, 1.3, 1.5, 1.6
Strengthening the Agency's ability to anticipate and respond to both real and potential public health risks will help prevent and mitigate disease.	
Integrate expertise and information acquired through the management and review of the federal responses to public health events.	The Agency strengthened its ability to respond to public health events by meeting established turnaround time standards for 99.88% of samples submitted for reference tests at the Agency's Laboratory for Foodborne Zoonoses (LFZ). This was further supported by LFZ's newly enhanced ability to more accurately and quickly identify the exact bacterial strains to trace food and waterborne illnesses. In response to lessons learned from past public health events, the Agency initiated a reassessment of Canada's national antiviral strategy utilizing updated, evidence-based scientific and cost-effective management recommendations. Lessons learned were also incorporated into foundational work undertaken to inform a comprehensive review and revision of the *Canadian Pandemic Influenza Plan*. In May 2011, the Agency, in collaboration with F/P/T and other stakeholders, revised Annex F: Prevention and Control of Influenza during a Pandemic for all Healthcare Settings.
Enhance ability to prevent and control infectious diseases.	The Agency enhanced its ability to prevent infectious disease through risk analysis, decision analysis, geomatics, epidemiological research and knowledge synthesis. For example, the Agency used satellite imagery to improve monitoring of the risk of microbial contamination (e.g., E. coli) in recreational waters. By identifying these risks, public authorities have the enhanced ability to target highest risk beaches. The Agency, along with other participating departments and agencies from Canada, the United States and Mexico, revised the North American Plan for Animal and Pandemic Influenza to incorporate lessons learned from past public health events. This document was released in April 2012. To control infectious disease, during the Haitian outbreak of cholera, the Agency, in collaboration with the United States' Centres for Disease Control, used genomic technologies to provide a detailed depiction of an outbreak strain and to investigate its global origin.
Enhance preparedness to respond to emerging infectious diseases and other public health events.	Meeting its obligations under the *Emergency Management Act*, the Agency, along with the Health Portfolio, enhanced preparedness through the approval of the Health Portfolio Strategic Emergency Management Plan (HP SEMP). Providing strategic guidance for emergency management, the HP SEMP is a risk-based approach to prevention and mitigation of, preparedness for, response to, and recovery from all emergencies.
Strengthen chronic disease prevention initiatives to reduce common risk factors.	As a participant at the United Nations High-level Meeting on Prevention and Control of Non-Communicable Diseases in September 2011, Canada joined Member States in unanimously adopting a UN Political Declaration in a commitment to galvanize action against chronic disease. Through the engagement of a wide range of non-governmental organizations and federal, provincial and territorial governments, Canada's position reflected a Canadian approach to social determinants; risk factors; the interlinkages between mental health, mental illness and non-communicable diseases; multi-sectorial action; and progress monitoring.

Strengthen the capacity for public health surveillance.	With national-level public health surveillance remaining a top priority, the Agency continued to strengthen all of its surveillance systems and networks via the development of the second Surveillance Strategic Plan as the vehicle to operationalize the corporate surveillance approach and monitor progress. Continuing with its support of the College of Family Physicians of Canada to develop the Canadian Primary Care Sentinel Surveillance Network, the Agency added at least 90 physicians contributing data, for a total of 300 from nine regional networks in eight provinces. With plans of continued expansion, this Network enables surveillance reporting which helps the Agency: better understand the health of Canada's population; support improvements to the effectiveness and efficiency of the health care system; and to prevent, control and manage chronic disease in Canada.
Strengthen the regulatory approach to aspects of public health.	The Agency continued to work on the implementation of the *Human Pathogens and Toxins Act*. Multi-city stakeholder consultations were conducted on the development of the future program and regulatory framework that will strengthen public health protection of Canadians with the further objective of reducing regulatory burden, consistent with the Cabinet Directive on Streamlining Regulations. By enforcing the *Human Pathogens Importation Regulations*, the Agency continued to regulate the importation into Canada of human pathogens and toxins at the border through compliance inspections and the issuance of import permits.
Enhance public health initiatives related to food safety.	Building on the Federal, Provincial and Territorial Food-borne Illness Outbreak Response Protocol (2010) (FIORP), the Agency, in consultation with Health Canada and the Canadian Food Inspection Agency, enhanced public health initiatives related to food safety through the development of a Federal Health Portfolio Food-borne Illness Emergency Response Plan (FIERP). Using an incident management structure and a set of emergency response support systems with the Health Portfolio Emergency Operations Centre, the FIERP guides the Health Portfolio's response for those occasions when a foodborne illness outbreak requires a response beyond the scope of the FIORP.

Organizational Priority	Status
II. Promoting the Health of Vulnerable Canadians	**Type:** Ongoing
	Program Activities: 1.2, 1.3, 1.4, 1.5
Improving the health status of key disadvantaged and vulnerable populations in Canada by means of more strategic and focused policies and interventions will help reduce health inequalities.	
Strengthen initiatives to advance the health and well-being of children and youth.	Through programs such as the Community Action Program for Children, the Canada Prenatal Nutrition Program and Aboriginal Head Start in Urban and Northern Communities, the Agency continued support of community-based groups and coalitions to deliver prevention and early intervention programs that promote the health and social development of vulnerable pregnant women, infants, children, and their families. These programs address Agency priorities such as mental health, injury prevention, and obesity by focusing on parenting skills, nutritional support and education including breastfeeding, substance abuse and addictions, Fetal Alcohol Spectrum Disorder prevention, healthy child development and healthy weights.

Engage other sectors and government departments to influence and develop healthy public policies and related investments.	The Agency collaborated with provincial/territorial partners and other stakeholders to influence policies and interventions and reduce health inequalities through public health policies and investment areas. The Agency also: • Continued to work closely with international, federal, provincial and territorial partners and with professional and industry stakeholders to help reduce, limit and control the emergence and spread of antimicrobial resistance (AMR) in Canada; • Finalized the *F/P/T Guidance for Tuberculosis Prevention and Control in Canada* through the Public Health Network, F/P/T governments. This document offers stakeholders a blueprint for an evidence-based approach to TB prevention and control nation-wide and provides a basis for evaluating progress across jurisdictions; • Created an evidence base to encourage healthier choices by supporting research, assess the potential effects of interventions (e.g., healthy weights) and report on progress on *Curbing Childhood Obesity: A Federal, Provincial and Territorial Framework for Action to Promote Healthy Weights*; • Narrowed the gaps in information to expand understanding of neurological conditions in Canada, such as projecting the human impacts of neurological conditions over the next 20 years; and • Launched an innovative partnership with pharmacies to utilize the CANRISK diabetes risk-assessment questionnaire to help Canadians assess their risks for diabetes in community settings.
Support the design, implementation and assessment of innovative policies and interventions. This includes systematic knowledge sharing for broader benefits to Canadians.	Innovative interventions supported by the Agency resulted in: • A renewed Canadian HIV Vaccine Initiative (CHVI); • The healthy aging Web-based tool for practitioners and several additions to the Canadian Best Practices Portal; • A national public education project on positive mental health; and • A Canadian Rapid Equity-Based Mental Health Impact Assessment Tool. As well, the Agency's Innovation Strategy supported over 50 funded projects in more than 100 communities to develop, test, and assess interventions to address evidence gaps and community needs in the priority areas of mental health promotion and achieving healthy weights.

Organizational Priority	Status
III. Enhancing Public Health Capacity	**Type:** Ongoing
	Program Activities: 1.2, 1.3, 1.4, 1.5, 1.6
Enhancing pan-Canadian and Agency capacity will build a stronger public health system and, in turn, promote health, reduce health inequalities, and prevent and mitigate disease and injury.	
Strengthen the capacity of the public health workforce.	The Canadian Network for Public Health Intelligence (CNPHI) continued as a key technology platform fostering F/P/T collaboration and consultation through innovation in disease surveillance, intelligence exchange, research and response to protect, promote and support public health. An interactive Web-based database and survey builder (WebData) was developed that seamlessly extends the capacity and capabilities of existing tools within the DIAL platform to support rapid database/survey deployment for use in routine and outbreak modes.

	The Canadian Public Health Service and the Canadian Field Epidemiology Program are two programs designed to build Canada's public health workforce and capacity. They placed qualified public health officers (24) and field epidemiologists (20) in jurisdictions across Canada in order to respond to both routine and emerging public health needs. The Web-based *Skills Online* training program provided continuing education to public health practitioners across the country. The National Microbiology Laboratory's (NML) Bioinformatics program has made advancements in its capacity to analyze massive data sets from genomic sequencing, making the Agency a North American leader in this unique field. With genomics and bioinformatics functions well established, the Agency has engaged Canadian laboratories to develop their capacity while maintaining a central repository for genomic data sets. In November 2011, the Agency hosted a Bionumerics workshop with participants from British Columbia Centre for Disease Control and the Canadian Food Inspection Agency (CFIA). The Laboratory Liaison Technical Officer (LLTO) Program was established to enhance public health capacity by providing highly trained, educated and experienced laboratory personnel hosted in provincial public health jurisdictions. LLTOs are dedicated to enhancing national outbreak preparedness and response by strengthening inter-jurisdictional communication and collaboration, and supporting provincial participation in key national laboratory-based surveillance and microbiology reference service programs and initiatives.
Build public health capacity in the North.	The Agency set the foundation for a strengthened presence in the North by better aligning our public health efforts with the Territorial wellness objectives, which aim to achieve greater reach and impact in health outcomes for Northerners. In collaboration with Health Canada, grants and contributions developed for the North were streamlined and grouped to achieve greater impact, and work towards realizing future capacity enhancements in the development of the Northern Wellness Approach. The Agency also simplified reporting and evaluation requirements for community-based health programs in the territories, reducing reporting requirements from 125 to 15 pages (Health Canada News Release, April 17, 2012, Minister Aglukkaq streamlines northern health funding processes).
Improve systematic knowledge sharing and use of best practices in public health.	The Agency financially supported the development of the First Nations, Inuit and Métis Family Showcase Series through one of the six National Collaborating Centres for Public Health (NCCPH). It brought together diverse groups, multiple sectors, individual researchers, policy makers, practitioners, and community members to influence how front-line practitioners and programs culturally address and meet the needs of First Nations, Inuit and Métis people, and shape front-line work and programs over the coming years. Academic faculty from across Canada are using the showcase materials in post-secondary programs to increase capacity to address First Nations, Inuit and Métis public health needs for future practitioners. In addition, one NCCPH has created a directory of courses, workshops, seminars, and conferences available across North America, including accredited courses recognized by the Canadian Institute of Public Health Inspectors, the Royal College of Physicians and Surgeons of Canada, and the College of Family Physicians of Canada.

Organizational Priority	Status
IV. Achieving Business Excellence	**Type:** Previously committed to
	Program Activities: 2.1
Strengthening the management and administrative infrastructure will enable the Agency to better serve the public health interests and needs of Canadians.	
Provide strategic and policy support for the Agency's operational goals and for Ministerial priorities, with an emphasis on evidence-based decision-making.	The Agency continued to strengthen evidence-informed and science-based decision-making through environmental scanning and development of partnerships with other government departments, including participation in a number of interdepartmental committees (e.g., the Federal Environmental Scanning Group). A Framework for Science and Research Excellence was developed. The Framework represents the first milestone in the ongoing science and research strategic planning process, and strengthens the Agency's vision for science and research. Evaluation findings and recommendations have also provided senior management with a source of objective evidence to support strategic decision making.
Adopt stable, forward-looking management tools.	The Agency enhanced integrated security services in compliance with the *Policy on Government Security* by completing the Departmental Security Plan and 15 Threat and Risk Assessments for critical assets. In November 2011, the Agency joined other Government of Canada organizations in moving to the Human Resources Management System (HRMS) PeopleSoft. This launch represented a key milestone in human resources modernization for the Agency and will allow the Agency to streamline its human resources processes. In addition, up-to-date employee information and analytical reports for use in HR planning are more accessible to management to assist them in People Management.

Organizational Priority	Status
V. Focussing on People	**Type:** New
	Program Activity: 2.1
Instill and support a workplace that values excellence, leadership, employee engagement, and workplace well-being in support of the delivery of the Agency's programs and priorities.	
Implement recommendations from the review of service delivery and strategic human resource management in support of Agency priorities and mandate, within a three-year planning horizon.	In support of Agency priorities and mandate, strategic and operational HR issues were addressed through the: • Transformation of the HR Service Delivery: Phased implementation of a new HR Service Delivery model to transform HR service delivery with the goal of increasing efficiencies and better integrating regional resources; • Implementation of the Resource Strategy: Posted the Resourcing and Recruitment Priorities 2011-2013 on the Agency's intranet site, delivering information sessions to all HR Advisors and issuing a message from the Recruitment Champion to all hiring managers and employees informing them of the new priorities; and • Staffing Monitoring Framework: Developed and implemented the policy and program which outlines the calendar of monitoring events scheduled over a three-year period including a review and update of appointment policies.

Establish a People Management Framework over the three-year planning horizon to support Public Service Renewal.	The Agency implemented its three-year strategic approach to People Management, with a focus on revising the performance management process and developing an integrated approach to talent management for executives and feeder groups. Progress included: • Full implementation of Executive (EX) Talent Management which included mid-year / end-of-year Performance Management Process discussions; • Identification of Senior Executives with Assistant Deputy Minister (ADM), or ADM potential, who then took part in the ADM Talent Management Exercise (the first since the creation of the Agency); • Addition of the mid-year review process for non-executives to the automated Performance Discussion Process and Personal Learning Plan tool which will be fully aligned to the EXs Performance Management Process; and • Migration to PeopleSoft to replace the Agency's outdated HR information system.
Develop a Human Resources resourcing strategy aimed at attracting, developing and retaining a dedicated, knowledgeable and professional workforce.	The Agency established an ADM-level committee to facilitate the management and realignment of employees to business priorities and to monitor and control workplace growth. The committee enabled senior management to gain a horizontal view of staffing across the Agency which, in turn, enhanced stewardship of human and financial resources throughout the organization and increased the visibility and oversight of staffing activities. The Agency established a suite of Values and Ethics (V&E) tools to help employees and managers institute a "culture" to promote ethical organizational practices, and support employees in meeting organizational objectives.

Risk Analysis

In 2011–12, no public health risks arose comparable to the H1N1 Pandemic. Operations proceeded, enabling the Agency to remain focussed on carrying out ongoing programs that function as risk treatments for public health threats. (See details in Section II.)

The Agency focussed on implementing treatment strategies for the risks identified in the Agency's Corporate Risk Profile (CRP). For example, the Health Portfolio (HP) Emergency Operation Centre established a Watch Office to maintain 24/7 situational awareness and triage public health events and emergencies. In addition, a medical officer on-call system was established to provide around the clock availability of medical expertise to support quarantine services and respond to urgent public health enquiries. Also, an all-hazards risk assessment, focusing on the HP's responsibilities under the *Emergency Management Act*, was conducted to identify potential gaps in emergency preparedness and planning, and inform the review of emergency management plans.

The Agency's 2010 CRP (in effect until October 12, 2011), identified 8 key risks to be managed—two linked to managing public health emergencies and six linked to internal Agency risks in the areas of workforce recruitment and retention, information technology, information management, and policy development. Significant progress on implementing treatment strategies for these risks was made as follows:

- Several hundred staff were trained to support incident management in its Emergency Operations Centre to address public health emergencies.
- In relation to workforce recruitment/retention, the Agency developed an approach to talent management for executives, identified 2011–13 resourcing and recruitment priorities, and revised its HR service delivery model.
- To deal with business practices, the Agency participated in the Progressive Excellence Program (administered by Excellence Canada and based on criteria used for the Canada Awards for Excellence), and achieved a Level 1 certification and submitted an application for Level 2 certification.
- Several hundred employees were trained on a records document and management system to address IM and IT.
- The Agency completed its Policy Research Assessment and its Framework for Science and Research Excellence, to treat its policy development process risk.

- Two additional reference service programs in the Agency's laboratories achieved ISO certification, increasing laboratory capacity to provide standardized testing services in support of infectious disease surveillance thereby treating quality certification.

The Agency started to orient its risk lens externally towards public health threats in the areas of globalization (spread of infectious disease and food-borne illness), prevention and promotion (especially regarding obesity), population change (international migration, growing Aboriginal population), environmental concerns (disease spread due to climate change, built environment), and science and technology (communication technologies, new vaccines/antivirals, the use of genomics in public health). This external focus led to the 2011 CRP which identified 10 key Agency risks to be managed— one linked to Agency management practices, and nine linked to public health risks in the areas of infectious disease (emerging infectious diseases and antimicrobial resistance in disease-causing organisms), population mobility and migration, emergency preparedness and response, food-borne illness, Aboriginal and Northern health inequalities, chronic disease (obesity and mental health), and Canadian public health capacity.[1]

The 2011 CRP risk treatments being undertaken are longer term in nature and are in the early stages of implementation. They include: development of national guidelines for detection, surveillance, prevention and control of emerging zoonotic and vector-borne diseases; establishment of a federal/national coordinating mechanism to govern approaches and actions to reduce risk associated with antimicrobial resistant organisms; expansion of existing travel health surveillance nationally to allow for timely indication of shifts in travel patterns and associated risk of importation of infectious diseases; undertaking targeted studies to establish baselines for food-borne diseases in Canada; implementation of a Northern Public Health Agenda; realignment of existing programming to emphasize support for healthy eating and physical activity; and development of a mental health promotion/mental illness prevention framework for the Agency.

Summary of Performance

2011–12 Financial Resources ($M)

Planned Spending	Total Authorities	Actual Spending
622.7	693.8*	636.5**

2011–12 Human Resources (Full-time Equivalent [FTE])

Planned	Actual	Difference
2,768	2,721	(47)***

*Total Authorities are higher than Planned Spending by $71.1M mainly due to inclusion of additional authorities for: National Antiviral Stockpile and pandemic readiness for influenza vaccine; the operating and capital budget carry forward; and additional funding received for the liquidaton of severance pay due to revisions to specified collective agreements.

**Actual spending was lower than Authorities by $57.3M primarily due to: modification of the timelines related to the pandemic vaccine fill line; the need to establish cost sharing arrangements and provincial/territorial decision making regarding the size of the National Antiviral Stockpile (NAS) and composition; and modest underspending of budgets for operations and contributions.

***The variance between Planned and Actual FTE Utilization is 47 FTEs, which is mainly due to delays in staffing.

[1] The rsks were identified in the Risk Analysis sub-section of the 2011–12 Report on Plans and Priorities.

Summary of Performance Tables

Progress Toward Strategic Outcome

Strategic Outcome: Canada is able to promote health, reduce health inequalities, and prevent and mitigate disease and injury.		
Performance Indicators	**Targets**[2]	**2011–12 Performance**
Health Adjusted Life Expectancy (HALE)[3] at birth	Maintain or exceed Canada's 2000/2002 HALE at birth as reported by Statistics Canada.[4] Women - 69.9 Men - 67.5	**Performance Status:** For 2005/2007, Statistics Canada reported HALE at birth as: [5] Women - 71.2 Men - 68.9
HALE by income: the difference, in years, in HALE at birth between the top-fifth and bottom-fifth income groups	Maintain or reduce the difference, in years, in HALE at birth (2000/2002) between the top-fifth and bottom-fifth income groups. Women - 6.2 Men - 7.5	**Performance Status:** For 2005/2007, Statistics Canada reported the difference, in years, in HALE at birth between the top-fifth and bottom-fifth income groups as: Women - 7.6 Men - 7.7 Comparison of HALE across income groups shows that, at birth, women and men in the highest income group have a HALE that rose 1.9 and 1.4 years respectively. During the same period, the women and men in the lowest income group have a HALE that rose 0.5 and 1.3 years respectively. This means that the difference between highest and lowest income groups is widening. This information reaffirms the Agency's priority to promote the health of vulnerable Canadians.

How long Canadians live in good health is determined by factors including personal and family lifestyle risk factors, environmental and genetic factors, technological advances, social determinants, availability and quality of health care, and public health practices and initiatives at the F/P/T and local levels of government. The Agency works with governmental and non-governmental stakeholders to positively affect the above factors of health. The results of these combined factors and efforts can best be assessed by looking at summary measures of population health.

The Agency contributes to maintaining or increasing HALE in Canada through all its programs. Undertaken in collaboration with F/P/T governments, non-governmental organizations and international health partners, these programs provide federal leadership and support in promoting health, reducing health disparities, enhancing public health capacity, preventing and mitigating injuries and chronic and infectious diseases, providing relevant research support, monitoring health and disease situations and trends, and reducing the risk and consequences of public health emergencies.

[2] The Health Adjusted Life Expectancy (HALE) data series has been updated by Statistics Canada. The target and performance information provided has been modified to reflect the new data series.

[3] HALE is an indicator of overall population health that combines measures of both age- and sex-specific health status, and age- and sex-specific mortality into a single statistic. It represents the number of expected years of life equivalent to years lived in full health, based on the average experience in a population.

[4] Statistics Canada. CANSIM Table 102-0122.

[5] Statistics Canada. CANSIM Table 102-0122.

Performance Summary, Excluding Internal Services

Program Activity	2010–11 Actual Spending	2011–12 ($M)				Alignment to Government of Canada Outcomes
		Main Estimates	Planned Spending	Total Authorities	Actual Spending	
1.1 Science and Technology for Public Health	81.6	60.7	60.7	80.2	78.6	Healthy Canadians[i]
1.2 Surveillance and Population Health Assessment	76.0	60.1	60.1	78.6	76.5	Healthy Canadians
1.3 Public Health Preparedness and Capacity	60.7	94.6	94.6	107.1	66.7	Healthy Canadians
1.4 Health Promotion	177.4	182.2	182.2	185.2	182.6	Healthy Canadians
1.5 Disease and Injury Prevention and Mitigation	86.3	107.3	107.3	96.2	91.3	Healthy Canadians
1.6 Regulatory Enforcement and Emergency Response	23.2	26.0	26.0	22.9	21.7	A Safe and Secure Canada
Total	**505.2**	**530.9**	**530.9**	**570.2**	**517.4**	

Note: All figures are rounded

Performance Summary for Internal Services

Program Activity	2010–11 Actual Spending	2011–12 ($M)			
		Main Estimates	Planned Spending	Total Authorities	Actual Spending
2.1 Internal Services	**112.9**	**91.8**	**91.8**	**123.6**	**119.1**

Contribution to the Federal Sustainable Development Strategy

The Federal Sustainable Development Strategy (FSDS) outlines the Government of Canada's commitment to improving the transparency of environmental decision making by articulating its key strategic environmental goals and targets. The Public Health Agency of Canada ensures that consideration of these outcomes is an integral part of its decision-making processes. The Agency contributes to the following FSDS themes as denoted by the visual identifier(s) and associated program activities below.

Theme I
Addressing Climate Change and Air Quality

Program Activity 2.1: Internal Services

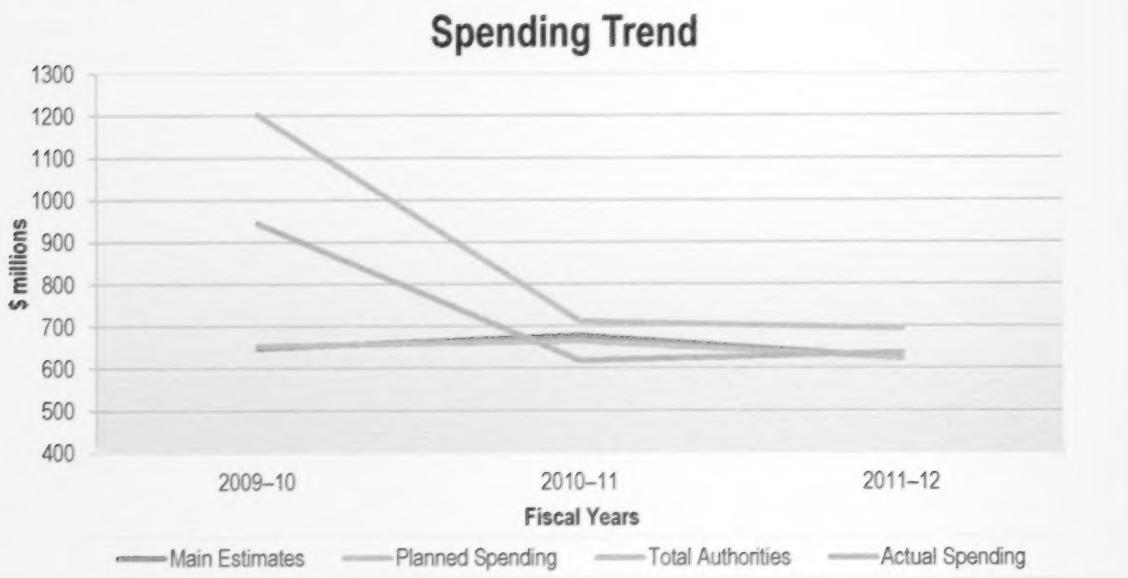
Theme IV
Shrinking the Environmental Footprint - Beginning with Government

Program Activity 2.1: Internal Services

During 2011–12, the Agency considered the environmental effects of initiatives subject to the *Cabinet Directive on the Environmental Assessment of Policy, Plan and Program Proposals*[ii]. Through the Strategic Environmental Assessment (SEA) process, departmental initiatives were found to potentially have positive environmental effects on goals and targets in Theme I – Addressing Climate Change and Air Quality; Theme II – Maintaining Water Quality and Availability; Theme III – Protecting Nature; and/or Theme IV – Shrinking the Environmental Footprint – Beginning with Government. As the Agency did not complete

any detailed assessments in 2011–12, there are no associated press releases. For further information on the Agency's Departmental Sustainable Development Strategy Progress Report and activities to support sustainable development and strategic environmental assessment, please visit the visit the Agency's Sustainable Development Web site. For complete information on the FSDS, please visit the Environment Canada Web site[iii].

Expenditure Profile



Canada experienced an H1N1 pandemic in 2009–10 which accounted for approximately $310M of additional spending in that year. The Agency also spent $49.7M in the same year on the Hepatitis C Health Care Services Program which provided funding to the provinces to compensate for the care of individuals infected with Hepatitis C. This program provides payments every five years until 2014–15. These two items caused a significant change in spending in comparison to other years.

In 2011-12, the Agency's spending was slightly higher than in 2010-11 due to severance payouts as a result of revisions to specific collective agreements and an increase in grants and contributions (G&C) spending due to new projects related primarily to Innovation Strategy.

Canada's Economic Action Plan

To support the effective and efficient movement of specimens and goods within the Canadian Science Centre for Human and Animal Health (CSCHAH), an expansion of the CSCHAH was approved by Treasury Board in April 2009 as part of Canada's Economic Action Plan. Construction of the expanded area was completed 2011–12 and is now fully functional.

Estimates by Vote

For information on the Agency's organizational Votes and/or statutory expenditures, please see the 2011–12 Public Accounts of Canada (Volume II) publication. An electronic version of the Public Accounts is available on the Public Works and Government Services Canada Web site.[iv]

Section II – Analysis of Program Activities by Strategic Outcome

Strategic Outcome

The Agency's Strategic Outcome is: Canada is able to promote health, reduce health inequalities, and prevent and mitigate disease and injury. The following section describes the six Program Activities (PAs) through which the Agency works to achieve the Strategic Outcome, and for each, identifies the expected results, performance indicators and targets. This section also explains how the Agency plans to achieve the expected results, and presents the financial and human resources associated with each Program Activity.

Program Activity 1.1 – Science and Technology for Public Health

Program Activity Description: This program activity deals with the development and application of leading edge national public health science and innovative tools, providing specialized diagnostic laboratory testing and reference services, and mobilizing Canadian scientific capacity and networks to enable Canada to improve public health and better respond to emerging health risks. The program's primary clients are public health professionals working in federal, provincial, territorial, municipal/local and non-government organizations (NGOs).

2011–12 Financial Resources ($ M)		
Planned Spending	Total Authorities	Actual Spending
60.7	80.2*	78.6**

2011–12 Human Resources (Full-Time Equivalents[FTEs])		
Planned	Actual	Difference
445	395	(50)***

*The variance of $19.5M between Planned Spending and Total Authorities is primarily due to new funding including operating and capital budget carry forward and internal reallocation from Program Activity 1.5 Disease and Injury Prevention and Mitigation.

**Actual Spending was $1.6M lower than Total Authorities primarily due to modest underspending of operations budget.

***The variance between Planned and Actual FTE Utilization is mainly due to delays in staffing.

Program Activity Performance Summary

Program Activity Expected Results:

- Public health decisions and interventions by public health officials are supported by research, timely and reliable reference service tests*

Performance Indicators	Targets	Actual Results
% of accredited reference service tests within the various specified turnaround times	80%	Where turnaround time information is available, 98.25% of accredited reference tests[6] were performed within the various stated turnaround times.
% of reference service testing performed under acceptable International Organization for Standardization (ISO) accreditation standards	100%	72% of the Agency's programs providing reference service testing have one or more ISO accredited tests.[7]
Research Publications Impact Factors Rating**	2,000	In 2011, there were 3,374 citations to Agency research papers published in the three-year period of 2009–2011[8].

[6] This includes testing performed by the National Microbiology Laboratory (NML) and Laboratory for Foodborne Zoonoses (LFZ).

[7] The Agency's reference testing under ISO standards includes: all reference testing performed by two LFZ programs (Salmonella, E.coli and antimicrobial resistance) under ISO/IEC 17025 requirements; 11 of 15 NML programs providing reference services with one or more ISO 17025 accredited tests; and all reference service tests performed by the NML's National Laboratory for HIV Reference Services (NLHRS) accredited to ISO 15189.

[8] Using a three-year period for publications creates a rolling average which addresses year-over-year fluctuations in the amount of research published and provides sufficient time for publications to be cited.

*Reference testing performed by Agency laboratories includes specialized diagnostic testing, confirmatory testing and special testing to characterize disease-causing agents. Such reference testing is carried out routinely and in response to emergency outbreaks.

**This rolling average is defined as the number of citations made to Agency laboratory research publications in the latest complete calendar year to papers published in that year and the preceding two years. It may not include all Agency publications.

Performance Summary and Analysis of Program Activity

The Agency's laboratory system is a national resource providing a wide range of highly specialized scientific and laboratory expertise and access to state of the art technologies to inform evidence-based decision making in the management and response to diseases and their risk factors. The laboratories conduct leading edge scientific research; perform reference laboratory services; contribute to public health surveillance; provide outbreak response capacity; and lead national public health laboratory coordination with a focus on public health risk factors arising from human, animal and environmental interactions.

PHAC Facts ...

The Agency developed a groundbreaking genetic identification method to enhance rapid detection of outbreaks and tracing the source of foodborne illness. This innovative technology was used in providing international laboratory support to the Haiti cholera outbreak, as highlighted in the evaluation of the Agency's foodborne prevention, detection and control activities. The Agency also used the same genomic laboratory approaches to modernize the investigation of Canadian foodborne diseases such as listeriosis and salmonellosis.

Agency scientists are at the forefront of many promising research projects aimed at improving public health for Canadians.

- A test for vitamin D binding protein was developed and is being assessed in clinical trials which may help demonstrate why some people are more susceptible to diseases such as tuberculosis and early risk predictors for chronic diseases, such as type 2 diabetes.
- Agency scientists are working with the multi-year Genomics Research and Development Initiative (GRDI) Interdepartmental Food and Water Safety Pilot project to perform sequencing for the federal consortium. This work has generated hundreds of *Escherichia coli* and *Salmonella Enteritidis* genomes to enhance typing and detection tools. The "DNA fingerprints" will be included in a national database for public health professionals.
- To assess the impact of the newly introduced pneumococcal vaccine on public health, the Agency worked to monitor and determine the distribution of specific strains causing invasive pneumococcal infections. A summary of the national pneumococcal serotype data was accepted for publication in a peer-reviewed journal.
- The gonorrhea infection rate in Canada is increasing and the pathogen causing it is becoming less susceptible to antibiotics. Agency scientists have analysed the molecular characteristics of a collection of antibiotic resistant gonorrhea specimens to provide information to public health professionals. The findings have been accepted for publication in a peer-reviewed journal.
- A pilot HIV vaccine project has shown promising results of protection against infection and disease progression and a patent application has been filed.
- The HIV and Human Genetics Laboratory acquired sequencing technology systems and trained technicians to use these technologies for HIV vaccine research.

PHAC Facts ...

In close collaboration with the University of Manitoba and the Cadham Provincial Laboratory (Manitoba), the Agency published findings related to a case of transmission of imported endemic syphilis in Canada. The report reviewed methods required for identifying syphilis in non-industrialized countries that can be imported to Canada with the potential for local spread.

The Agency provides reference services, including specialized diagnostic testing, confirmatory testing and special testing to characterize disease-causing agents. These services are provided to client laboratories and can be carried out routinely and in response to emergency outbreaks. NML now has 44 tests accredited to ISO 17025. In February 2012, nine additional tests were assessed for ISO accreditation. NML has also added Norovirus (the leading cause of infectious gastrointestinal disease in Canada) diagnostic laboratory services.

By capitalizing on unique genetic characteristics, Agency scientists developed tests to more accurately and quickly identify exact bacteria associated with food and waterborne illness for use in public health laboratories. Molecular epidemiology was used to identify a new clone of meningococcal disease which caused 12 deaths in the last few years, prompting the consideration of using a newer meningococcal vaccine. Two additional tests were to aid in the differential diagnosis of Creutzfeldt Jakob Disease, a rare, degenerative, and fatal brain disorder are now available to over 150 laboratories.

The Agency provided timely laboratory response capacity for public health threats, and worked with hospital and provincial laboratories in Canada to monitor the emergence of carbapenem-resistant bacteria. Laboratory support was provided to Jamaica and the Philippines. Rapid laboratory support was also provided for several tuberculosis outbreaks in Canada to assist in the tracking and controlling TB outbreaks.

PHAC Facts ...
As a partner in the Canada-Asia Regional Emerging Infectious Disease (CAREID) project, the Agency made significant contributions to laboratory network development and laboratory quality management in Viet Nam, Cambodia, Laos, and the Philippines. As a result of these efforts, the Cambodia's Ministry of Health made a formal nomination to create a National Medical Microbiology Laboratory Network in January 2012.

A pilot project for the Federal Laboratory Integration Governance (FLIG) initiative was established to identify and build opportunities for partnerships and synergies with other federal laboratories and academic and provincial public health partners. The FLIG initiative will enable the delivery of the Agency's science and research programs to provide enhanced value and excellence for Canadians.

Lessons Learned

The Agency developed a Framework for Science and Research Excellence to strengthen its vision for science and research leadership by fostering, promoting and responsibly managing the Agency's science and research. The Framework will enhance Agency efforts to enable science and research activities in support of policy and programmatic needs, and enable science and research capacity to be managed as a strategic resource aligned with the Agency's mandate and the needs of the Canadian public health community.

In response to the Audit of Laboratory Management, the Agency developed a five-year strategic plan to improve and foster the integration of laboratory and epidemiology programs and provide a clear strategic direction for the future.

Program Activity 1.2 – Surveillance and Population Health Assessment

Program Activity Description: This program activity facilitates ongoing, systematic analysis, use and sharing of routinely-collected data with and among provinces, territories, and local health authorities, and other federal departments and agencies so that they can be in a better position to safeguard the health of Canadians. This program is necessary because of the continuous risk to the health of Canadians from emerging infectious and chronic diseases as well as other population health risk factors that are present in the population. The program is geared towards working with federal departments and agencies, other levels of government, health professionals, and hospitals and laboratories across the country to facilitate the development of surveillance systems and sharing of information.

2011–12 Financial Resources ($ M)		
Planned Spending	**Total Authorities**	**Actual Spending**
60.1	78.6*	76.5**

2011–12 Human Resources (Full-Time Equivalents [FTEs])		
Planned	**Actual**	**Difference**
408	426	18**

*The $18.5M net increase between Planned Spending and Total Authorities is mainly due to internal reallocations from Disease and Injury Prevention and Mitigation and Public Health Preparedness and Capacity. Actual Spending of Surveillance and Population Health Assessment remains comparable with previous years.

**The variance between Planned and Actual FTE Utilization is mainly due to internal realignment of activities.

Program Activity Performance Summary

Program Activity Expected Results:

- Federal, provincial, and territorial jurisdictions, and health NGOs use the Agency's information to make informed decisions*
- Key stakeholders use the Agency surveillance information to support chronic disease prevention action and to monitor and evaluate the impact of actions

Performance Indicators	Targets	Actual Results
% of federal, provincial, and territorial jurisdictions, and health NGOs that indicate that the Agency's surveillance and population health assessment information is relevant and accessible*	70%*	An online survey regarding the Chief Public Health Officer's Report on the State of Public Health in Canada, 2011: Youth and Young Adults – Life in Transition, indicated that 86% of respondents reported having used (or intending to use) the report: to support research papers/articles and presentations; in discussion with colleagues or in personal conversations; as a reference document for general knowledge about the health of youth and young adults; for statistical data in presentations, research papers/articles; and to inform policy discussions or approaches to policy/programming.
% of key stakeholders using chronic disease surveillance information provided by the Agency, by type of use	70%	A range of initiatives is underway to monitor stakeholder usage of chronic disease surveillance products and seek feedback on their relevance. • Preliminary pilot results indicated 80% of surveyed users reported that selected surveillance publications contributed to increasing their knowledge, and 72% have used or intend to use the information in their work. • The Chronic Disease Infobase Cubes site has experienced a 28% increase in visits for 2011–12 from the previous year 2010–11.

*The original expected result (Federal, provincial, territorial and local jurisdictions, health care providers and health NGOs use the Agency's information to make informed decisions), performance indicator (% of survey respondents [i.e., jurisdictions and stakeholders] who indicate that the Agency's surveillance and population health assessment information is relevant and accessible), and target (30%) have been revised due to data accessibility. The target was revised upwards following a clarification of the key participating jurisdictions.

Performance Summary and Analysis of Program Activity

Emerging and ongoing infectious and chronic diseases and population health risk factors have an impact on the health of Canadians. This program activity identifies health issues and risks through ongoing, systematic collection, analysis, and use of data. Appropriate and timely sharing of information with and among provinces, territories, local health authorities, other federal departments and non-governmental stakeholders enable informed decisions to implement public health action. These efforts support federal leadership in identifying key public health risks to Canadians and priorities for public health action to help prevent them.

PHAC Facts ...
The Chief Public Health Officer's Reports Unit was awarded the 2012 Public Service Award of Excellence in the category of Excellence in Policy. The Unit was specifically commended for its application of rigorous approaches to content development and validation, stakeholder and expert reviewer engagement, promotion and distribution, and commitment to effective stewardship. The Report was described as an invaluable resource in informing public health that delivers the very best in knowledge and information.

To build on the goals and objectives of the Agency's first Surveillance Strategic Plan and strengthen the alignment of PHAC surveillance activities with F/P/T and federal surveillance priorities, an Agency-wide Surveillance Transformation Project has set the stage for a new surveillance strategic plan in 2013. Project activities helped to achieve a common understanding of the Agency's core business in surveillance and to strengthen its role as a participant and leader in an evolving system for public health surveillance in Canada. The need for a "systems" approach to surveillance in Canada was acknowledged as a priority among F/P/T public health partners and stakeholders.

To improve upon national surveillance for measles and rubella, the Agency developed a pilot in May 2011 between British Columbia, Alberta, Newfoundland and the Agency. The electronic mechanism leverages existing jurisdictional reporting relationships and the Canadian Network for Public Health Intelligence (CNPHI) to securely and electronically integrate both laboratory and epidemiology information to facilitate public health action.

PHAC Facts ...
New developments and enhancements in the Canadian Adverse Events Following Immunization Surveillance System were completed ahead of schedule, which significantly streamlined reports processing, facilitating faster data analysis and reporting processes.

The Canadian Food Inspection Agency and the Agency collaborated to develop a methodology for assessing risks to animal and human health. A working group with joint membership from both organizations completed several assessments of shared threats to animal and human health. The group defined a joint notification process, identified four levels of integrated work, developed an integrated training course, and validated the methodology through several case studies and tabletop exercises.

The Agency led a Science Policy Integration Board pilot on antimicrobial resistance (AMR) in the food chain, involving multiple federal departments, and using a human-animal-environment interface approach. The pilot demonstrated how federal science and policy could be better integrated, and identified strengths and weaknesses in the current Government of Canada's science-policy integration (SPI) approach. Key outcomes included improved networking within the federal government on the issue of AMR in the food chain, and contributions to the development of an Interdepartmental Science-Policy Team on Food-borne Antimicrobial Resistance.

PHAC Facts ...
The Agency was awarded a research grant from the Canadian Institute for Health Research to develop a primary prevention tool for HIV and sexually transmitted infections. This project uses social media and cell phone technology to deliver sexual health information and service direction to youth in three pilot sites - Canada, Colombia, and Kenya. As of November 2011, all resources have been developed by youth advisory groups in the three pilot sites. Roll out of the intervention is scheduled to begin in September 2012.

The Agency's integrated surveillance information guided decision-making by F/P/T stakeholders. For example, C-EnterNet, the Agency's surveillance program, focusses on early detection of food-borne illnesses and their likely sources. It contains data that was accessed by F/P/T food safety and public health professionals to support risk assessment and prioritization, and to look for potential sources of food-borne illness outbreaks (e.g., a provincial Salmonella outbreak investigation used C-EnterNet food consumption data to support the exposure comparison required to identify the source of illness).

The Agency continued to expand the Canadian Chronic Disease Surveillance System by adding data on asthma, Chronic Obstructive Pulmonary Disorder and mental illness (mood and anxiety disorders) and exploring the feasibility of expanding to heart diseases, osteoporosis and arthritis. Key improvements were made to the Web-based Chronic Disease Infobase to make it more usable and comprehensive through the addition of new data sets. The Agency further developed the Indicator Framework for Chronic Disease and Associated Determinants, to improve information on behavioural risk factors and fill data gaps in areas

such as how natural surroundings and community design impact health. Existing tools, such as the Chronic Disease Infobase, were adapted to make new data available sooner, provide more targeted analysis of data, and reach specific audiences more effectively.

The Agency, Transport Injury Research Foundation and Safe Kids Canada prepared the second edition of the *Injury in Review report: Spotlight on Road and Traffic Safety* (planned for release in August 2012) to be used by stakeholders to improve injury prevention and control programs and policies. Also, the Agency enhanced and expanded the Canadian Hospitals Injury Reporting and Prevention Program (CHIRPP) and initiated a process to modernize data collection.

Lessons Learned

Scenario analysis emphasized the importance of soliciting input from experts from diverse backgrounds in addressing complex public health issues for future planning and preparedness. The Agency engaged in foresight work using a Population Health Assessment (PHA) approach to inform Agency long term planning and preparedness related to global drivers, impacts and uncertainties on Canadian public health. This type of foresight work extended the knowledge of what is currently evolving or changing on the public health landscape to enable a better understanding of the influences and uncertainties. The Agency found that, to expand scenario analysis to include the wide range of factors that affect public health, there is a need to engage a wider group of subject matter experts than have traditionally participated.

The Agency is moving from informal information sharing agreements to formal mechanisms to develop a more comprehensive system and strengthen national-level public health surveillance.

Through the Public Health Network Council / Council of Chief Medical Officers of Health structure, all jurisdictions expressed support for the Agency's initiative to advance work on a policy framework for public health surveillance in Canada, using an incremental approach.

Program Activity 1.3 – Public Health Preparedness and Capacity

Program Activity Description: This program activity increases Canada's public health preparedness and capacity by: providing tools, training and practices that enhance the capabilities of organizations and people who have a role in Canada's public health; increasing public health human resource capacity; developing and maintaining Canada's ability to prepare for public health emergencies; and by establishing/maintaining networks both within and outside Canada. The program is necessary as public health skills, tools and networks are required for Canada to be able to keep Canadians healthy.

2011–12 Financial Resources ($ M)		
Planned Spending	**Total Authorities**	**Actual Spending**
94.6	107.1*	66.7**

2011–12 Human Resources (Full-Time Equivalents [FTEs])		
Planned	**Actual**	**Difference**
367	329	(38)***

*Total Authorities were higher than Planned Spending by $12.5M mainly due to the inclusion of additional authorities for the National Antiviral Stockpile and pandemic readiness for influenza vaccine, offset by internal reallocation to Program Activity 1.2 Surveillance and Population Health Assessment.

**Actual spending was lower than Authorities by $40.4M primarily due to: modification of the timelines related to the pandemic vaccine fill line; the need to establish cost sharing arrangements and provincial/territorial decision making regarding the size of the National Antiviral Stockpile (NAS) and composition; and modest underspending of budgets for operations and contributions.

***The variance between Planned and Actual FTE Utilization is mainly due to delays in staffing.

Program Activity Performance Summary

Program Activity Expected Results:

- Canada has the capacity for public health interventions including emergency response
- Pan-Canadian and international agencies have interoperability and response capacity
- Public health organizations have the capacity to carry out their core public health functions

Performance Indicators	Targets	Actual Results
% completion of International Health Regulations (IHR) Action Plan for addressing capacity gaps	75% (by June 15, 2011) 100% (by June 15, 2012)	Canada's IHR Action Plan is 100% complete. The Agency, in cooperation with the P/Ts, is moving beyond the IHR core capacity requirements to strengthen Canada's overall health security.
% of capacity demonstrated in joint exercises with partners	100%	Through joint exercises with partners, the Agency was able to demonstrate that its capacity to respond (Incident Management System, the International Health Regulations, and the National Emergency Stockpile System (NESS)) to public health emergencies is 100%.

% federal, provincial, and territorial jurisdictions that indicate that they made progress in addressing capacity gaps as a result of Agency training and tools	50%	85% of federal, provincial and territorial jurisdictions have been covered through posting and mobilization: • Field Service Training and Response mobilized 18 field staff (Field Epidemiologists, Public Health Officers,) to respond to 11 domestic mobilizations across the country, which included requests from: Nova Scotia, Northwest Territories, Ontario, New Brunswick and Yukon. The requests comprised of outbreak response, syndromic surveillance and training. • The Canadian Field Epidemiology Program successfully hired and placed nine Field Epidemiologists. These highly trained public health professionals were placed with provincial and local organizations across Canada. • The Canadian Public Health Service currently has 22 Public Health Officers hired and placed at public health organizations across Canada. As highly educated and well trained public health professionals, these officers represent increased capacity in many regions, especially remote and Northern locations, which is critical to meeting public health needs. • The Laboratory Liaison Technical Officer (LLTO) program currently has six positions placed within provincial public health in six provinces (BC, SK, MB, ON, NB, NL). The LLTO program builds public health capacity by providing highly trained, educated and experienced laboratory personnel hosted in provincial public health jurisdictions. LLTOs are dedicated to enhancing national outbreak preparedness and response by strengthening inter-jurisdictional communication and collaboration, and supporting provincial participation in key national laboratory-based surveillance and microbiology reference service programs and initiatives. • The Agency continued working collaboratively with F/P/T food safety partners as they successfully exercised the Foodborne Illness Outbreak Response Protocol (FIORP) in national multi-lateral exercise. The exercise verified that the FIORP remains a robust tool for multi-jurisdictional food-borne outbreak response and served to improve F/P/T coordination and awareness of roles and responsibilities in effectively responding to food-borne illness outbreaks. In addition, the Agency responded to requests for outbreak preparedness and response training from Yukon, New Brunswick and Ontario.

Performance Summary and Analysis of Program Activity

This program activity was important to the development, approval and updating of key emergency preparedness plans. The *Health Portfolio Strategic Emergency Management Plan* (HP SEMP) allows the Agency to meet its core obligations under the *Emergency Management Act and supports* Canada's partnership under the *Global Health Security Initiative*. The HP SEMP, with its annexed *Health Portfolio Public Health Risk Assessment*, encompasses an all-hazard risk-based approach to public health emergency management[9] pertaining to the Health Portfolio's mandate, resources and/or services. The Health Portfolio's Emergency Preparedness Committee (JPC) makes certain that emergency plans are periodically updated and aligned with new legislation, policies and procedures.

The Canadian Public Health Service (CPHS) and Canadian Field Epidemiology Program (CFEP) continued to address the increasing demand for skilled public health professionals to support the capacity of local, provincial and territorial public health organizations. Both programs solicited placement sites from public health partner organizations in 2011–12 with high interest expressed by potential partners.

[9] Emergency management includes prevention/mitigation, preparedness, response and recovery aspects of emergencies.

In response to the *Review of the Agency's Readiness Activities for the 2010 Olympic and Paralympic Winter Games*, the Health Portfolio, supported by the Agency, opted to utilize an all-hazard approach to risk management at mass gathering events. It was determined that because of the diversity of mass gathering and the issues and risks they pose, as well as the capabilities required to meet the increased public health demands, an all-hazards mass gathering plan was not necessary. Should a P/T seek assistance, the Health Portfolio is prepared to provide emergency support services in accordance with the all-hazard *Emergency Response Plan* (ERP) and other supporting plans, processes and arrangements. In light of the *Review*, the Health Portfolio continues to build on lessons learned such as the development of a Health Portfolio-specific "*Concept of Operations*" on an "as needed" basis for mass gatherings such as the Pan/Parapan American Games in 2015.

PHAC Facts ...

The Agency, in collaboration with other participating departments and agencies from Canada, the United States and Mexico, revised the *North American Plan for Animal and Pandemic Influenza* (NAPAPI) to incorporate the *Lessons Learned Review* and *Canada's Response*. The revised plan was accepted by all parties and subsequently announced by trilateral leaders in April 2012 at the North American Leaders Summit. An action plan consisting of technical activities to facilitate the implementation of NAPAPI in practice was also successfully negotiated for implementation by December 2014.

Key recommendations were identified by the *Lessons Learned Review: Public Health Agency of Canada and Health Canada Response to the 2009 H1N1 Pandemic*, undertaken by Evaluation Services and the Standing Senate Committee on Social Affairs, Science and Technology Report entitled *Canada's Response to the 2009 H1N1 Influenza Pandemic*. In addressing the recommendations, the Agency also initiated a reassessment of Canada's national antiviral and pandemic vaccine strategy to consider updated evidence-based scientific recommendations as well as sustainable, cost-effective procurement and management strategies. The Agency's experience with pandemic response has demonstrated that the Government's pandemic vaccine procurement strategy was appropriate and effective.

The Agency has strengthened the practice of public health in Canada by facilitating the exchange of research, fostering linkages among public health practitioners, researchers and others within the public health community through the support of the six National Collaborating Centres for Public Health (NCCPH). One output of NCCPH collaboration is the development of a series of free, online learning modules on evidence-informed decision-making and critical appraisal skills that have been completed by more than 850 practitioners. These modules are being used for graduate courses in Canada and internationally.

The Agency strengthened the capacity of the Canadian Network for Public Health Intelligence through upgrades such as the co-development of an innovative Web-based system which supports monthly reporting/analysis of diseases and conditions in children in partnership with the Canadian Paediatric Surveillance Program. This system enhanced the dissemination of strategic intelligence and improved coordination of public health responses.

PHAC Facts ...

The Agency won the Canadian Society for Training and Development's 2011 Silver Award for Training Excellence for its *Skills Online* program, in the eLearning category. With over 3,900 registrations, the Agency has helped build and maintain public health practitioner skills and competencies necessary to protect the health of Canadians.

Lessons Learned

The *Skills Online* learning program in public health preparedness was found to be a cost-efficient method of reaching as many trainees as possible, and a sustainable approach to public health capacity building in the areas of emergency management.

National and international level collaboration with partners and stakeholders facilitated the development of *the Health Portfolio Strategic Emergency Management Plan* (HP SEMP), the revision of the *American Plan for Animal and Pandemic Influenza*, as well as cost efficient and evidence-based procurement and stockpiling of pandemic vaccines and antivirals. In addition, continued collaboration with P/Ts and other partners is essential if Canada is to meet its IHR obligations and to enhance the Agency's capacity to contribute to public health security in the Americas.

Through emergency exercises, the roles and responsibilities of Health Portfolio senior management and lead program areas were clarified to improve management's efficacy in decision making during emergencies. In addition, the *Health Portfolio Emergency Response Plan* (HPERP) is currently being streamlined to make it more user-friendly and place greater emphasis on how the Health Portfolio will brief and support senior officials and central agencies. The NATO Crisis Management Exercise (CMX 11) also provided the opportunity for the Health Portfolio to test its knowledge of implicated response plans such as the *Food-borne Illness Emergency Response Plan* and *Federal Emergency Response Plan*.

Incorporating feedback and findings gathered through post-outbreak reviews serves to improve processes and preparedness. Exercises and post-outbreak reviews have also strengthened partnerships/collaboration.

Program Activity 1.4 – Health Promotion

Program Activity Description: This program activity provides leadership and support in promoting health and reducing health disparities among Canadians. It supports Canadians in making healthy choices throughout all life stages through initiatives focussed on, for example, child development, families, lifestyles, and aging. It also facilitates the conditions that support these choices by working with and through others to address factors and determinants that influence health, such as health literacy, food security, social support networks and the built environment.

2011–12 Financial Resources ($ M)		
Planned Spending	**Total Authorities**	**Actual Spending**
182.2	185.2*	182.6**

2011–12 Human Resources (Full-time Equivalents [FTEs])		
Planned	**Actual**	**Difference**
391	382	(9)***

*The increase of $3M in Total Authorities in 2011-12 is due to additional authorities received for the liquidation of severance pay due to revisions to specified collective agreements.

**Actual Spending was $2.6M lower than Total Authorities mainly due to modest underspending of budgets for operations and contributions.

***The variance between Planned and Actual FTE Utilization is mainly due to internal realignment of activities.

Program Activity Performance Summary

Program Activity Expected Results:

- Supportive environments and collaborative health promotion policies are in place to reduce health inequalities and enable Canadians to maintain and improve their health

Performance Indicators	Targets	Actual Results
% of collaborations that result in joint action having an objective of influencing supportive environments and health promoting policies	80%	100% (83 of 83)
# of communities reached	• Community Action Program for Children (CAPC) – 3177 • Canada Prenatal Nutrition Program (CPNP) – 1669 • Aboriginal Head Start in Urban and Northern Communities (AHSUNC) – 112 • Healthy Living Fund (HLF) – 105 • Age-Friendly Communities (AFC) Initiative – 600 • Innovation Strategy – 109	• Community Action Program for Children (CAPC) – 3177 • Canada Prenatal Nutrition Program (CPNP) – 1669 • Aboriginal Head Start in Urban and Northern Communities (AHSUNC) – 112 • Healthy Living Fund (HLF) – 105 • Age-Friendly Communities (AFC) Initiative – 600 • Innovation Strategy – 109
# by type of health promotion initiatives	1275, +/- 15%	1144 (-11% relative to target)

Performance Summary and Analysis of Program Activity

This program activity takes a population health approach that looks at and acts on the social determinants of health to promote positive mental health and address issues related to social inequalities, obesity and Canada's aging population. There are many programs and strategies initiated, supported and/or led by the Agency, some of which have been adopted at the provincial level

(e.g., the AFC Initiative) and others which continue to receive substantial funding as a result of past successes and growing need in areas such as mental health promotion.

The majority of the Health Promotion collaborations—involving P/T governments, other federal departments, universities, non-governmental organizations, health and social service agencies, the private sector and international organizations—resulted in joint action across sectors to support healthy environments and health promotion policies. These collaborations included the Public Health Network, the F/P/T tables supporting Ministers for Sport, Physical Activity and Recreation, the Canadian Reference Group on the Social Determinants of Health and the Innovation Strategy.

The Agency completed health promotion activities and initiatives to generate new knowledge products and to disseminate ongoing knowledge products; to design and test innovative approaches to priority public health issues; to deliver community-based programming through contribution agreements; and/or to undertake strategic initiatives The Agency also worked to advance strategic initiatives other than those funded by contribution agreements, such as National Child Day.

The Agency continued its support of community based groups and coalitions through programs such as the Canada Prenatal Nutrition Program, the Community Action Program for Children and Aboriginal Head Start in Urban and Northern Communities (AHSUNC). Such programs address Agency priorities of mental health, injury prevention and obesity and focus on parenting skills, nutritional support and education including breastfeeding, substance abuse and addictions, Fetal Alcohol Spectrum Disorder prevention, and healthy child development. Of particular note, AHSUNC's 128 sites across Canada—serving approximately 4,800 children and their families—has demonstrated positive effects, including those highlighted in the Evaluation of the Aboriginal Head Start in Urban and Northern Communities Program. Specifically, AHSUNC sites integrated physical activity regularly in the weekly or daily programming (99%), facilitated immunization (50%), and facilitated access to dental professionals (77%), speech therapists (57%), nutritionists (52%); hearing tests (34%); vision testing (26%); and child psychologists (13%). Some AHSNUC project sites have become known as a community "hub", creating a sense of community for Aboriginal children and their families.

PHAC Facts ...

As part of the Government of Canada's continuing commitment to raise awareness of sudden infant deaths and safe sleeping environments, the Agency released the 2011 *Joint Statement on Safe Sleep: Preventing Sudden Infant Deaths in Canada*. The statement provides health practitioners with current evidence-based information so they may offer parents and caregivers information and support to prevent deaths due to SIDS and unsafe sleeping practices in Canada.

In sustained support of the *Curbing Childhood Obesity: an F/P/T Framework for Action to Promote Healthy Weights*, the Agency has continued to instill the importance of a healthy lifestyle in children by supporting a number of collaborations. Carried out by the Boys and Girls Clubs of Canada, the Canadian Parks and Recreation Association, and the Canadian Association for the Advancement of Women and Sport and Physical Activity, the Agency supported a total of 20 pilot walking programs which aim to increase physical activity opportunities for Aboriginal girls and young women in the after-school time period. The Agency has also supported efforts at the National Active and Safe Routes to School Summit, and continues to collaborate on a number of fronts to modernize physical activity surveillance activities and develop tools and resources to help key intermediaries promote physical activity to vulnerable populations.

PHAC Facts ...

Our Health Our Future – A National Dialogue on Healthy Weights brought together diverse groups of individuals and organizations to discuss ways of promoting healthy weights for children. A multi-stream engagement approach was successfully used to provide Canadians with different ways to get involved: in-person events; online conversations; and social media. This engagement approach was designed around the strategies and policy areas outlined in the *F/P/T Framework for Action* document.

The Agency's efforts to promote healthy aging have been reinforced by the development of the "Pan-Canadian Age-Friendly Communities Recognition Initiative," which recognizes communities for their efforts to become more age-friendly. The World Health Organization and the provinces of Manitoba and British Columbia currently participate with the Agency in this initiative. The Agency also used its focus on emergency preparedness for seniors to support the development of an electronic tool: *Frailty, Dementia and Disasters: What Health Care Providers Need to Know*. This resource is designed to enhance the capacity of health care providers to address the needs of frail individuals with dementia in emergency/disaster situations.

Completing the fourth stage in the development of a Canadian Mental Health Impact Assessment, the Agency remains focussed on mental health promotion and mental illness prevention. Emphasizing issues of inequality as they affect the mental health status of vulnerable populations, a Canadian Rapid Equity-Based Mental Health Impact Assessment Tool was developed and tested with vulnerable populations. The Agency leads a national public education project on positive mental health with the

development and testing of messages in three urban centres and continues to support and participate in the development of a voluntary national standard on Psychological Health and Safety in the Workplace.

The Agency led federal efforts to address family violence by supporting several evidence-based research projects to examine the public health impacts of family violence and the effects across various population groups. Information is posted on the Agency's Web site, on topics related to resilience, immigrant and refugee communities, child maltreatment, mental health, violence by women and girls, and violence in the workplace.

Lastly, the Innovation Strategy supported over 50 funded projects with signed contribution agreements in more than 100 communities to develop, test and evaluate projects and policies to address evidence gaps and community needs in the priority areas of mental health promotion and achieving healthy weights. Focusing on the underlying factors that contribute to mental health for children, youth and families, results from these large-scale, multi-year projects are expected to significantly contribute to the evidence base for effective community-based mental health promotion interventions.

PHAC Facts ...
Internationally, Canada joined other member countries in adopting the *Rio Political Declaration on Social Determinants of Health*. This *Declaration* expresses a global political determination to take action on social determinants of health to achieve social health equity.

To improve the effectiveness of strategies and programs, and their ability to reach vulnerable populations, the Agency conducted sex, gender and health equity impact assessments. The analysis resulted in practical guidance for community projects on how to meet the diverse needs of vulnerable men and women in projects funded through the Innovation Strategy.

Lessons Learned

There is a need to explore long-term performance measurement across health promotion activities. For instance, AHSUNC has demonstrated that in the short-term, children who participate in the program achieve improved school readiness and greater exposure to Aboriginal language and culture, both of which contribute to positive mental health outcomes. The evaluation of the AHSUNC program demonstrated the need for a study of the impact of these interventions on longer-term school performance, self-esteem, and the long-term health of children and families, which would assist in understanding the long-term outcomes of children as a result of this particular program's investment at the community level.

Program Activity 1.5 – Disease and Injury Prevention and Mitigation

Program Activity Description: This program activity develops and implements strategies, undertake prevention initiatives, and support stakeholders to prevent and mitigate chronic disease, injury, and prevent and control infectious disease. This work leads federal efforts and works collaboratively to mobilize domestic efforts. This program is necessary given the current and potential impact of injury and chronic and infectious disease on the health of Canadians and the sustainability of the Canadian health care system.

2011–12 Financial Resources ($ M)		
Planned Spending	**Total Authorities**	**Actual Spending**
107.3	96.2*	91.3**

2011–12 Human Resources (Full-Time Equivalents [FTEs])		
Planned	**Actual**	**Difference**
348	349	1

*The $11.1M net decrease between Planned Spending and Total Authorities is mostly due to reallocation to Program Activity 1.1 Science and Technology for Public Health and Program Activity 1.2 Surveillance and Population Health Assessment.

**Actual Spending was $4.9M lower than Total Authorities mainly due to modest underspending of budgets for operations and contributions.

Program Activity Performance Summary

Program Activity Expected Results:

- Diseases and injury in Canada are prevented and mitigated

Performance Indicators	Targets	Actual Results
Rate of age-standardized new diagnoses of major diseases during a one-year period (incidence)	Baselines identified in 2010–11:	During 2011–12, new data became available that updates the incidence rates* for:
• Diabetes	• Diabetes: 6.7 (crude); 6.1 (age-standardized) per 1,000 population	• Diabetes: 6.3 (crude); 5.6 (age-standardized) per 1,000 population
• Cancer	• Cancer: 4 (age-standardized) per 1,000 population	• Cancer: 5.0 (crude), 4.1 (age-standardized) per 1,000 population
• Hypertension	• Hypertension: 22.1 (crude); 25.8 (age-standardized) per 1,000 population	• Hypertension: 19.4 (crude); 22.6 (age-standardized) per 1,000 population aged 20+
		In addition, the Agency established baseline data for:
• Asthma	• Asthma: Baseline to be determined	• Asthma: 5.4 (crude); 5.8 (age-standardized) per 1,000 population
• Chronic Obstructive Pulmonary Disease (COPD)	• COPD: Baseline to be determined	• COPD: 8.9 (crude); 8.9 (age-standardized) per 1,000 population
Unintentional and intentional injury incidence rates over a one-year period	Baselines identified in 2010–11: All injuries (all ages): • Deaths: 45.1 per 100,000 • Hospitalizations: 659 per 100,000 Unintentional Injuries (all ages): • Deaths: 29.5 per 100,000 • Hospital-inactions: 600.5 per 100,000	All injuries (all ages): • Deaths: 45.7 per 100,000 • Hospitalizations: 680.1 per 100,000 Unintentional injuries (all ages): • Deaths: 30.4 per 100,000 • Hospitalizations: 593.9 per 100,000

Rate of reported cases of infectious diseases including health care associated infections, during a one-year period	Targets identified: • Tuberculosis (TB): 3.6 per 100,000 by 2015 Baselines identified (2007): • TB: 4.8 per 100,000 • HIV: 8.8 per 100,000 • Chlamydia: 224.0 per 100,000 • Gonorrhoea: 36.1 per 100,000 • Infectious syphilis: 3.7 per 100,000 • Acute Hepatitis B (HBV): 0.69 per 100,000 • Acute Hepatitis C: 1.61 per 100,000 • MRSA (Methicillin-resistant staphylococcus aureus): 7.62 per 1,000 patient admissions • VRE (Vancomycin-resistant enterococcus): 1.20 per 1,000 patient admissions • C. difficile: 4.45 per 1,000 admissions	• TB rate 2010: 4.6 per 100,000 • HIV rate among adults (15 years and older) in 2010: 8.2 per 100,000 • Chlamydia: 2009 rate: 258.6 per 100,000. Estimated 2010 rate: 277.6 per 100,000 • Gonorrhea: 2009 rate: 33.1 per 100,000 Estimated 2010 rate: 33.4 per 100,000 • Infectious Syphilis: 2009 rate: 5.0 per 100,000; Estimated 2010 rate: 5.2 per 100,000 • Acute Hepatitis B: The incidence rate of reported acute HBV infection declined from 0.97 per 100,000 inhabitants in 2005 to 0.49 per 100,000 inhabitants in 2010 • Acute Hepatitis C: Data from Enhanced Hepatitis Strain Surveillance System (EHSSS) suggest that that the rate as of September 2010, declined to 1.6 per 100,000 • MSRA: 2010 data from the Canadian Nosocomial Infection Surveillance Program (CNISP) show overall infection rate was 2.34 cases per 1,000 patient admissions. The colonization rate increased 5% to 7.09 per 1,000 patient admissions in 2011. • VRE: CNISP data show that there was a 42% increase in the overall VRE infection rate from 2009 (0.24 cases per 1,000 patient admissions) to 2010 (0.34 cases per 1,000 patient admissions); while the colonization rate increased by 15%: from 4.74 cases per 1,000 patient admissions in 2009 to 5.45 in 2010 • C. difficile: Data from the CNISP suggest a continuous decline in the rate of C. difficile infection in Canadian acute care hospitals: 4.30 in 2010

Performance Summary and Analysis of Program Activity

This program activity is geared toward demonstrating federal leadership and developing coherent national approaches to disease prevention and mitigation with stakeholders and partners to reduce the impact of diseases on Canadian individuals, families and the health care system. The unique federal leadership of the Agency helped track trends of injury and disease across the country, facilitate the identification and sharing of lessons learned and best practices, and supports the health of Canadians. The knowledge generated and translated by the Agency influenced and enabled the development and implementation of national and international public health policies, guidelines, interventions and actions and helped to guide Canadians in their decisions regarding their personal health and that of their families.

PHAC Facts ...

CANRISK and the Diabetes Guide will help Canadians to engage with health professionals to better understand their modifiable and non-modifiable risks for pre-diabetes and type 2 diabetes, and to take steps to improve their health. To help meet the needs of high-risk ethnic populations and the health professionals who serve them, the CANRISK questionnaire and accompanying Diabetes Guide were translated into 11 additional languages.

The Agency supported initiatives in targeted chronic diseases. Relating to hypertension, the Agency provided financial support to, and collaborated with, the Canadian Hypertension Education Program to update the national hypertension guidelines, foster partnerships with other NGOs and levels of government, and review

and update public and professional education tools. With respect to respiratory health, the Agency supported the National Lung Health Framework, a stakeholder-led initiative, through seven projects to reduce the effects of lung and respiratory diseases and the associated environmental health risks, and promote better health outcomes, especially for high-risk populations. Finally, the Agency collaborated with the Neurological Health Charities of Canada on the National Population Health Study of Neurological Conditions to continue the suite of projects which address gaps in information on neurological diseases. These ongoing projects will focus on expanding understanding of neurological conditions in Canada, such as projecting the economic and human impacts of neurological conditions over the next 20 years.

Scientific validation and testing of the CANRISK diabetes risk-assessment questionnaire was completed, and an innovative partnership was launched which utilizes the tool to help Canadians assess their risks for diabetes. Recognizing that pharmacists play an important role in preliminary risk assessment, CANRISK materials are being promoted and disseminated through a partnership with a pharmacy chain.

Internationally, Canada joined other United Nations Member States in unanimously adopting the *Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases* in a commitment to galvanize action against the growing global and national threat of chronic diseases to health and to social and economic development. In collaboration with partners and stakeholders, the Agency led the development of Canada's position which was founded on the *F/P/T Declaration on Prevention and Promotion*.

Progress was made in developing the evidence base for encouraging healthier choices and addressing obesity, a key risk factor for chronic disease. In collaboration with P/Ts and stakeholders, the report *Curbing Childhood Obesity: A Federal, Provincial and Territorial Framework for Action to Promote Healthy Weights* was developed. The report identified ways to help Canadians achieve healthy weights and outlined recommendations to guide F/P/T governments in the coming years. The release of the report was followed by the Summit on Healthy Weights, co-hosted by F/P/T governments, which supported multi-sectoral and innovative partnerships for collective action.

PHAC Facts ...

The Agency co-chairs the National Immunization Strategy (NIS) Task Group within the Public Health Network, whose objectives have been to review the NIS and develop recommendations as to how it could be strengthened. Through this mechanism the Agency has engaged P/Ts, other government departments, Non-Governmental Organizations (NGOs) and the vaccine industry by way of regular meetings.

Through the "Active and Safe" initiatives, the Agency engaged non-governmental organizations to support multi-sectoral collaborative action in areas such as head injuries in team sports, ski, drowning, and snowboard safety, and safety during the after-school time period. Progress was also achieved on injury risk assessment, as part of the Agency's commitments under the Food and Consumer Safety Action Plan, to inform programs and policies on injury prevention.

The Agency continued to strengthen the evidence and information available to public health practitioners, policy-makers and Canadians. In fall 2011, the Canadian Task Force on Preventive Health Care, created and supported by the Agency, provides independent, evidence-based prevention guidelines to primary care practitioners, released their first screening guideline on breast cancer. In addition, the content available on the Canadian Best Practices Portal was expanded, with new interventions on chronic disease prevention topics being added, such as prevention of obesity, mental health promotion, injury prevention and school nutrition policies. The Agency showed leadership in moving to the next generation of knowledge dissemination and mobilization through the development of a new Web-based knowledge exchange platform.

Important discussions on key files related to infectious disease prevention and control including immunization, tuberculosis and antimicrobial resistance took place over the past year. A guidance document on tuberculosis prevention and control was developed in close collaboration with federal partners and the Public Health Network. Intended primarily for public health practitioners and health care providers, the guidance document should be publicly available in 2012–13.

A new approach was taken to funding regional and national activities that identified shared priorities and outcomes for HIV and related communicable diseases. The Agency funded 116 projects which

PHAC Facts ...

The evaluation of food-borne enteric illness prevention, detection and response activities determined that the Agency has worked with its federal food safety partners such as the Canadian Food Inspection Agency and Health Canada, as well as the provinces and territories, to improve the food safety system, especially in the area of detecting food-borne enteric illness and responding to multi-jurisdictional outbreaks. The evaluation noted that considerable improvements have been made following the 2008 Listeriosis outbreak.

focussed on public health interventions and outcomes by integrating prevention and control for HIV, Hepatitis C, and sexually transmitted infections. This new approach encourages stakeholders to work across sectors and integrate community responses that address similar populations and modes of transmission of HIV and related communicable diseases.

The Agency continued to implement measures to strengthen Canada's food safety system as detailed in *Action on Weatherill Report Recommendations to Strengthen the Food Safety System: Final Report to Canadians*. The revised Food-borne Illness Outbreak Response Protocol and subsequent exercises have clarified roles and responsibilities during a multi-jurisdictional outbreak. Key communication tools have been developed, and more evidence is produced and used to detect and respond to food-borne enteric illness outbreaks. This work was further strengthened by applying a human-animal-environment interface approach which integrated risk, analysis, geomatics, epidemiology, and knowledge synthesis into decision making.

Lessons Learned

An internal audit of the Chronic Disease program recommended establishing an effective process for sharing results and lessons learned from community-based programming. In response, the 2011 report "*Reducing Health Disparities Related to Diabetes: Lessons Learned Through the Canadian Diabetes Strategy Community-Based Program*" highlighted case studies on innovative regional projects that were used to inform nationally-funded projects across the country. The publication was developed to share innovations with others who could apply them, such as health practitioners, community health workers, local policy makers and others who may be responsible for delivering similar community-based programs to manage and/or prevent diabetes.

As part of the Agency's activities in strengthening Canada's food safety system, national multi-lateral exercises were undertaken to improve F/P/T coordination and awareness of roles and responsibilities in effectively responding to food-borne illness outbreaks. The multi-lateral exercises have demonstrated the value of ongoing exercises to strengthen the Agency's collaborative relationship with F/P/T partners and enable preparedness at all levels of government for multi-jurisdictional food-borne illness outbreaks.

Program Activity 1.6 – Regulatory Enforcement and Emergency Response

Program Activity Description: This program activity deals with providing regulatory enforcement; managing the Health Portfolio Operations Centers, the National Emergency Stockpile System (NESS) and the Health Emergency Response Teams (HERT); and responding to national and international public health emergencies including natural disasters, serious outbreaks of infectious disease, such as pandemic influenza, or human caused emergencies.

2011–12 Financial Resources ($ M)		
Planned Spending	Total Authorities	Actual Spending
26.0	22.9*	21.7**

2011–12 Human Resources (Full-Time Equivalents [FTEs])		
Planned	Actual	Difference
150	149	(1)

*The $3.1M net decrease between Planned Spending and Total Authorities is mainly due to reallocation to Public Health Preparedness and Capacity.

**Actual Spending was lower than Total Authorities mainly due to modest underspending of operating budget.

Program Activity Performance Summary

Program Activity Expected Results:

- Canada has 24/7 public health emergency response capability and capacity
- Canada is compliant with World Health Organization (WHO) International Health Regulations (IHR)
- The Agency responds to emergencies in a timely and coordinated manner

Performance Indicators	Targets	Actual Results
% of responses to national and international public health emergencies within time standards	100%	100% domestic and 100% international
% of Agency procedures which are compliant with WHO International Health Regulations (IHR)	100%	100%
% of response compliant with the Health Portfolio Emergency Response Plan	100%	100%

Performance Summary and Analysis of Program Activity

This program activity hosts three complementary elements of preventing and mitigating disease and injury. With respect to emergency response, it develops and implements the governance and management systems and maintains the physical infrastructure required. Working with its provincial and territorial partners, it helps prevent public health emergencies by continuing to meet the International Health Regulations (IHR) obligations. Finally, it deals with domestic legislative and regulatory frameworks governing quarantine services and pathogens and toxins.

Emergency operations infrastructure and operational capacity within the Health Portfolio Emergency Operations Centre (HPEOC) were enhanced through the Watch Office which provides 24/7 situational awareness capability and early warning to Health Portfolio partners in the event of public health emergencies. It supported several events that required surge capacity.

In accordance with recommendations of the National Emergency Stockpile System (NESS) evaluation completed in December 2011, the automation of the inventory system and renewal of the NESS is underway. The Agency continued to develop a national framework to clarify roles and responsibilities with regard to quarantine activities at points of entry. This framework describes the cooperation between the Office of Quarantine Services and authorities at points of entry with regards to the *Quarantine Act*.

PHAC Facts ...

The development of an F/P/T Quarantine Framework to clarify roles and responsibilities during public health emergencies evolved into a draft Border Health Response Framework which describes the cooperation between the Federal Quarantine Program and authorities at points of entry with regards to the *Quarantine Act* and the management of related public health emergencies.

The Agency deployed the Microbiology Emergency Response Team (MERT) and its mobile laboratories to respond to infectious disease emergencies and bioterrorism incidents in Canada and globally. As a member of the National Chemical, Biological, Radiological, Nuclear and Explosives (CBRNE) Response Team, MERT triages suspicious parcels of national interest for the Royal Canadian Mounted Police. In this role, MERT developed microbial forensics capability through a Center for Security Science funded research project. A comprehensive database of bacteria from Canadian culture collections was developed which will be invaluable for the investigation of natural outbreaks and biocrimes.

PHAC Facts ...

Two new provincial partners, Alberta and Quebec, joined the Canadian Laboratory Response Network (CLRN) and received on-site training and competency testing.

Additionally, proficiency panels were distributed to all the CLRN provincial partners, a first in the history of the network.

In support of the CLRN, the Agency implemented simulation modeling tools to identify process constraints for member laboratories when faced with a surge of suspected bio-threat samples. The resulting recommendations provided strategic steps to mitigate constraints through resource investments, process improvements or alternate utilization of current resources.

The Agency hosted in-person engagement sessions on the design and development of a risk-based regulatory framework for the *Human Pathogens and Toxins Act* (HPTA), in all provinces and territories (Phase II Engagement) as well as a Web-based engagement session. Stakeholders appreciated the opportunity to provide input, had fewer concerns relating to the HPTA, and better understood the regulatory process, following the engagement. The Agency also launched a Web-based engagement session to receive input from interested and affected parties that was used by the Agency to inform policy and program development under the HPTA regulatory framework.

The Agency advanced its work to establish a new HPTA compliance and enforcement program by co-chairing a community of practice for the Community of Federal Regulators. The licencing program received 990 applications and issued 1,477 import-related documents. The Containment Level 2 compliance program received 839 compliance checklists and issued 811 compliance letters for laboratories meeting the "Laboratory Biosafety Guidelines" and the High Biocontainment program certified nine new, and re-certified 65 existing Containment Level 3, and two Containment Level 4 laboratories.

Under the 2011–12 Regulatory Cooperation Plans, the Agency piloted the red tape calculator developed by TBS to quantify baseline data for the current regulatory and administrative burden imposed on stakeholders. The Agency's pilot led to TBS refinements, making the tool user friendly and adaptable to stakeholder information.

Lessons Learned

Discussions with small business representatives, and results of voluntary participation in the Red Tape Reduction Commission, revealed an opportunity to enhance coordination between federal departments responsible for the importation of pathogens. As such, the Agency is leading an interdepartmental group that will consider small business concerns with the goal of streamlining processes, enhancing interdepartmental communication and reducing regulatory burden.

The consultations with stakeholders made it evident that each sector (e.g., academia, large industry, small business, diagnostic) impacted by the HPTA has distinct working environments, constraints and concerns. As the Agency develops policy instruments, regulations and compliance and enforcement activities for pathogen oversight, efforts should be focussed on understanding the various sectors, and soliciting targeted input.

The amalgamation of the Health Portfolio Watch Office, 24/7 situational awareness program, and the International Health Regulations National Focal Point enhanced the Agency's timely risk management and decision making during, pre- and post-public health emergencies and events, enabling an enhanced coordinated response through the Health Portfolio Operation Centre.

Program Activity 2.1 – Internal Services

Program Activity Description: Internal services support the Agency's strategic outcome and all six PAs. Internal services are groups of related activities and resources that are administered to support the needs of programs and other corporate obligations of an organization. These groups are Management and Oversight Services, Communications Services, Legal Services, Human Resources Management Services, Financial Management Services, Information Management Services, Information Technology Services, Real Property Services, Materiel Services, Acquisition Services, and Travel and Other Administrative Services. Internal services include only those activities and resources that apply across the Agency and not those provided specifically to a program.

2011–12 Financial Resources ($ M)		
Planned Spending	**Total Authorities**	**Actual Spending**
91.8	123.6*	119.1**

2011–12 Human Resources (Full-Time Equivalents [FTEs])		
Planned	**Actual**	**Difference**
659	691	32***

*The $31.8M net increase between Planned Spending and Total Authorities is mainly due to an allocation of $18.1M from the Operating Budget Carry Forward; $6.2M additional funding received for the liquidation of severance pay due to revisions to specified collective agreements; and transfers from other program activities.

**Actual Spending was lower than Total Authorities due to modest underspending of operating budgets.

***The variance between Planned and Actual FTE Utilization is mainly due to internal realignment of activities.

Program Activity Performance Summary

Program Activity Expected Results:

Performance Indicators	Targets	Actual Results
Compliance with the statutory time requirements of the *Access to Information Act* and *Privacy Act* (ATIP)*	"A" Rating (95% and above)	85.2%
Compliance with the Government of Canada Communications Policy	100%	100%
Compliance with the Government of Canada *Official Languages Act*, Part IV, Communications with and services to the public	100%	Over 98% of Executives meet the language requirements of their positions. The Agency has drastically reduced the number of active official languages complaints. Of the 15 active complaints, 14 have been closed and the remaining active complaint has been sent to the Commissioner of Official Languages for closure. Information made available to the public in communications products are provided in both official languages.
Compliance with the Government of Canada *Employment Equity Act**	• Aboriginal people: 3.1% • Persons with disabilities (PWD): 4.3% • Visible minorities (VM): 13.1% • Women: 61.8%	The Agency met or exceeded the Labour Market Availability (LMA) target* for all four designated groups. As of April 1, 2011: Aboriginal: LMA: 3.1% Agency: 3.2% (+0.1) PWD: LMA: 4.3% Agency: 4.6% (+0.3) VM: LMA: 13.1% Agency: 13.3% (+0.2) Women: LMA: 61.8% Agency: 69.9% (+8.1)

<table>
<tr>
<td>Maintain or increase number of employees in critical shortage occupational groups***</td>
<td>• Medicine (MD): 45
• Veterinary medicine (VM): 24
• Nursing (NU): 63
• Senior Human Resources (PE-04): 10
• Senior Finance (FI-03): 9
• Senior Finance (FI-04): 3</td>
<td>
<table>
<tr><th></th><th>April 2010</th><th>April 2011</th><th>April 2012</th><th>% Growth 2010 to 2012</th></tr>
<tr><td>MD</td><td>45</td><td>41</td><td>36</td><td>-20%</td></tr>
<tr><td>VM</td><td>24</td><td>19</td><td>18</td><td>-25%</td></tr>
<tr><td>NU</td><td>63</td><td>65</td><td>61</td><td>-3%</td></tr>
<tr><td>PE-04</td><td>10</td><td>13</td><td>13</td><td>30%</td></tr>
<tr><td>FI-03</td><td>9</td><td>10</td><td>10</td><td>11%</td></tr>
<tr><td>FI-04</td><td>3</td><td>4</td><td>5</td><td>66%</td></tr>
</table>
Please note that this indicator is no longer relevant and has been removed as of the 2012–13 Report on Plans and Priorities.
</td>
</tr>
<tr><td>% Year-end Agency variance of planned versus actual expenditures</td><td>5% variance or less</td><td>3.0% of the year end operating budget.</td></tr>
<tr><td>Compliance with Government of Canada Common Look and Feel (CLF) 2.0</td><td>100%</td><td>92%</td></tr>
<tr><td>% of major capital assets**** with completed asset condition reports to assess physical condition and level of criticality***** to program operations</td><td>100%</td><td>100%</td></tr>
<tr><td>Average time required for approval of long-form contracts</td><td>15 days</td><td>23 days</td></tr>
<tr><td>Client satisfaction (Acquisition Services)</td><td>85%</td><td>84.3% of clients rated the service as "good" or "excellent"</td></tr>
</table>

*Office of the Information Commissioner's rating.
**Based on Workforce Availability 2011 census data; updated from the 2011–12 Report on Plans and Priorities.
***Growth will be measured based on baseline data as of April 1, 2010. Includes indeterminate and term employees >3 months.
****Assets with an initial acquisition cost of $50,000 or more, excluding real property and related infrastructure.
*****"critical" rating high/medium/low.

Performance Summary and Analysis of Program Activity

This program activity helped strengthen evidence-informed and science-based decision-making, improve human resources functions and capabilities, enhance the security of assets and integrate Federal Sustainable Development Strategy principles in the Agency.

Consistent with objectives outlined in the Agency Strategic Plan (2007–2012), the Agency strengthened environmental scanning capacity and developed information sharing partnerships through working groups and committees such as Policy Horizons, the Social Trends, Policies and Institutions Committee Working Group, and the Federal Environmental Scanning Group (chaired by the Department of National Defence). In addition, a Global Health Framework for the Agency's International Activities 2012–2017 was developed to inform decision making and help verify its global health activities are within the Agency's mandate "to promote, protect and preserve the health of Canadians". The Framework, developed in consultation with key federal partners in global health, provides overarching direction and a suite of decision making tools to assist the Agency in determining which activities it will undertake and mechanisms by which to monitor and report on these activities.

From a human resources (HR) perspective, the Agency has made progress with respect to:

- Executive Talent Management, which has been fully implemented for executives and was included in the mid-year and end of year Performance Management Process discussions;
- Senior Executives with ADM potential who were identified and

PHAC Facts ... 29 Values and Ethics (V&E) workshops were delivered to over 500 employees. Participant feedback was integrated in the Agency's new *Agency Values and Ethics Code* which will be used in conjunction with a revised intranet site to guide employees and promote V&E practices.

took part in the ADM Talent Management Exercise; and

- The full implementation of PeopleSoft to replace the Agency's outdated HR information system.

The Agency took steps to realize efficiencies and better integrate regional resources through the development and implementation of a new HR Service Delivery model. A new process to submit classification, staffing and official languages service requests was introduced, including a streamlined HR form, and a single window point of entry for all HR transactions. Additionally, an Agency Staffing Monitoring Framework (Policy and Program) was implemented which included a review and update of appointment policies.

Pursuant to the *Policy on Government Security*, the Agency completed the Departmental Security Plan and 15 Threat and Risk analyses for critical assets. Enhanced Personnel Security Screening processes validated that executives and employees who handle sensitive documents have the appropriate clearance levels.

The Agency actively participated in the Federal Sustainable Development Strategy (FSDS) and implementation of its Departmental Sustainable Development Strategy. For more information on the Agency's contribution to the FSDS's Theme I through the *2007–2011: Pilot Infectious Disease Impact and Response Systems (PIDIRS)*, and *2011–2016 Preventative Public Health Systems and Adaptation to Climate Change* programs under the Clean Air Agenda, compliance with SEA, and the 2011–12 Departmental Sustainable Development Strategy Progress Report, visit the Agency's Sustainable Development Web site.

The Agency is a participant in the FSDS and contributes to the Greening Government Operations targets through the Internal Services program activity. The department contributes to the following target areas of Theme IV of the FSDS:

- Green Buildings;
- Surplus Electronic and Electrical Equipment;
- Printing Unit Reduction;
- Paper Consumption;
- Green Meetings; and
- Green Procurement.

For additional details on the Agency's Greening Government Operations (GGO) activities please view the Agency's GGO Tables.

Lessons Learned

With respect to people management, the Agency learned through the analysis of the 2011 Public Services Survey (PSES) results that leadership practices need to be strengthened towards a more horizontal approach that will foster positive change within the organization's new structure and better meet employees' expectations.

Changes to Government Structure

Impacts on the Financial and Human Resources Resulting from the Establishment of Shared Services Canada

2011–12 Financial Resources ($M)		
	Planned Spending	**Total Authorities***
Net transfer post Orders in Council (OIC)** to Shared Services Canada (SSC)	2.6	2.6
2011–12 Human Resources		
	Planned	**Actual**
Deemed to SSC	5	5

*Pursuant to section 31.1 of the *Financial Administration Act* and Orders in Council P.C. 2011-0881, P.C. 2011-0877 and P.C. 2011-1297, this amount was deemed to have been appropriated to SSC, which resulted in a reduction in the appropriation for the Agency

**Total authorities, as presented in the "2011–12 Financial Resources" table (and other relevant tables) in the "Summary of Performance" section, is the net of any transfers to SSC. Actual spending does not include expenditures incurred on behalf of SSC as of the OIC date.

Section III – Supplementary Information

Financial Highlights

Condensed Statement of Financial Position (Unaudited) As at March 31, 2012

($ M)

	Change %	2011–12	2010–11
Total net liabilities	9.7%	142.2	129.6
Total net financial assets	37.1%	94.9	69.2
Departmental net debt	(21.7%)	47.3	60.4
Total non-financial assets	0.1%	100.6	100.5
Departmental net financial position	32.6%	53.3	40.2

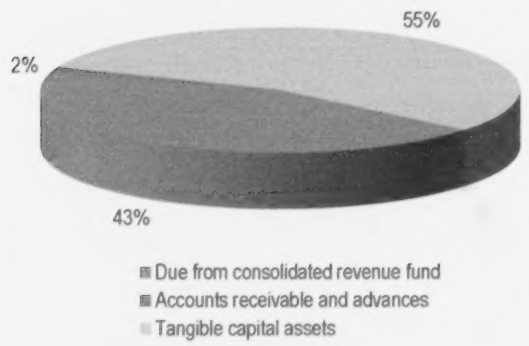
Condensed Statement of Operations and Departmental Net Financial Position (Unaudited) For the Year Ended March 31, 2012

($ M)

	Change %	2011–12	2010–11
Total expenses	11.4%	677.1	607.9
Total revenues	(100%)	0.00	0.04
Net cost of operations before government funding and transfers	11.2%	682.4	613.7
Departmental net financial position	32.6%	53.3	40.2

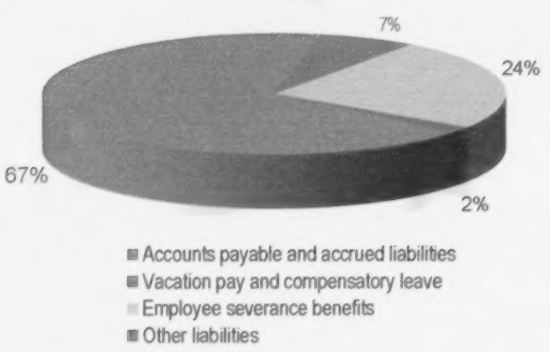
Financial Highlights – Charts and Graphs

Assets by Type



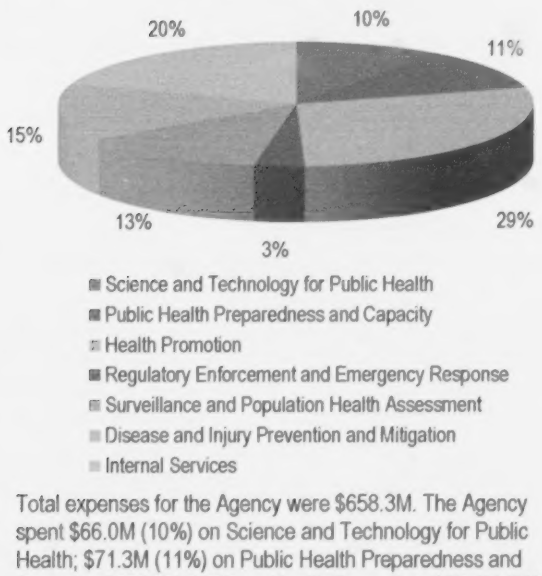
Total assets were $219.3 million, an increase of 26.1% ($45.3M) in comparison to the previous year's total of $174M. Due from consolidated revenue fund represented $94.9M (43%); accounts receivable and advances represented $3.9M (2%) and tangible capital assets represented $120.6M (55%) of total assets.

Liability by Type



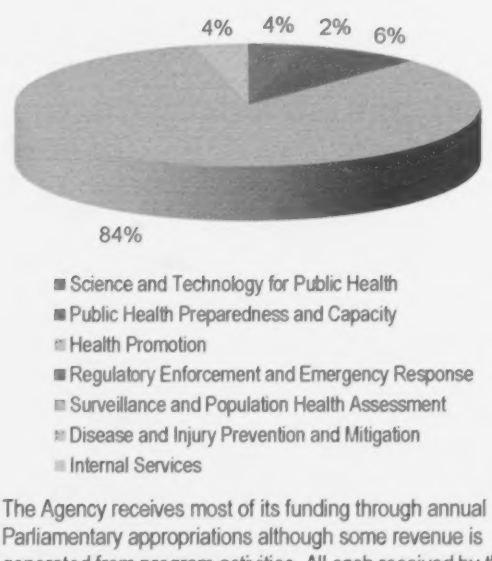
Total liabilities were $142.2M, an increase of 9.7% ($12.6M) in comparison to the previous year's total of $129.6 million. Accounts Payable and Accrued Liabilities represented $95.4M (67%); Vacation Pay and Compensatory Leave represented $9.6M (7%); Employee Severance Benefits represented $34.7M (24%) and Other Liabilities represented $2.4M (2%) of total liabilities.

Expenses - Where Funds Go



Total expenses for the Agency were $658.3M. The Agency spent $66.0M (10%) on Science and Technology for Public Health; $71.3M (11%) on Public Health Preparedness and Capacity; $188.3M (29%) on Health Promotion; $22.4M (3%) on Regulatory Enforcement and Emergency Response; $83.6M (13%) on Surveillance and Population Health Assessment; $96.9M (15%) on Disease and Injury Prevention and Mitigation and $130.0M (20%) on Internal Services.

Revenue - Where Funds Come From



The Agency receives most of its funding through annual Parliamentary appropriations although some revenue is generated from program activities. All cash received by the Agency is deposited to the Consolidated Revenue Fund (CRF) and all cash disbursements made by the Agency are paid from the CRF. The Agency's total revenue was $0.937M; non-respendable funds include the $0.785M (84%) collected from immunization conference registration fees.

Financial Statements

The Agency's 2011–12 Financial Statements are available online.

List of Supplementary Information Tables

The following tables can be found on the Agency's Website:

- Details on Transfer Payment Programs
- Greening Government Operations
- Horizontal Initiatives
- Response to Parliamentary Committees
- Internal Audits and Evaluations
- Sources of Respendable and Non-Respendable Revenue

Section IV – Other Items of Interest

Organizational Contact Information

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Additional Web Links

(UN) Political declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases	http://www.un.org/ga/search/view_doc.asp?symbol=A/66/L.1
2011–12 Main Estimates	http://www.tbs-sct.gc.ca/est-pre/20112012/p2-eng.asp
Aboriginal Head Start in Urban and Northern Communities (AHSUNC)	http://www.phac-aspc.gc.ca/hp-ps/dca-dea/prog-ini/ahsunc-papacun/index-eng.php
Action on Weatherill Report Recommendations to Strengthen the Food Safety System: Final Report to Canadians	http://www.inspection.gc.ca/english/fssa/transp/prog/finale.shtml
Aging & Seniors	http://www.phac-aspc.gc.ca/seniors-aines/index-eng.php
April 17, 2012, Health Canada News Release: Minister Aglukkaq streamlines northern health funding processes	http://www.hc-sc.gc.ca/ahc-asc/media/nr-cp/_2012/2012-54-eng.php
Canada Prenatal Nutrition Program	http://www.phac-aspc.gc.ca/hp-ps/dca-dea/prog-ini/cpnp-pcnp/index-eng.php
Canada's Response to the 2009 H1N1 Influenza Pandemic	http://www.parl.gc.ca/Content/SEN/Committee/403/soci/rep/rep15dec10-e.pdf
Canadian Field Epidemiology Program	http://www.phac-aspc.gc.ca/cfep-pcet/index-eng.php
Canadian Network for Public Health Intelligence	https://www.cnphi-rcrsp.ca/cnphi/index.jsp
Canadian Public Health Service	http://www.phac-aspc.gc.ca/cphs-sspc/index-eng.php
Canadian Task Force on Preventive Health Care	http://www.canadiantaskforce.ca/
Community Action Program for Children (CAPC)	http://www.phac-aspc.gc.ca/hp-ps/dca-dea/prog-ini/capc-pace/index-eng.php
Curbing Childhood Obesity: A Federal, Provincial and Territorial Framework for Action to Promote Healthy Weights	http://www.phac-aspc.gc.ca/hp-ps/hl-mvs/framework-cadre/2011/fw-os-2011-eng.php
Emergency Management, Frailty, Dementia and Disasters: What Health Care Providers Need to Know	http://www.dementiaknowledgebroker.ca/emergency-management
Evaluation of the Aboriginal Head Start in Urban and Northern Communities Program	http://www.phac-aspc.gc.ca/about_apropos/evaluation/reports-rapports/2011-2012/ahsunc-papacun/summary-resume-eng.php
Government of Canada Communications Policy	http://www.tbs-sct.gc.ca/pol/doc-eng.aspx?id=12316
Greening Government Operations Tables	http://www.tbs-sct.gc.ca/rpp/2012-2013/inst/ahs/st-ts02-eng.asp
Health Portfolio	http://www.hc-sc.gc.ca/ahc-asc/minist/portfolio/index-eng.php
Human Pathogens and Toxins Act	http://www.phac-aspc.gc.ca/lab-bio/regul/hpta-lapht-eng.php
Innovation Strategy	http://www.phac-aspc.gc.ca/ph-sp/fund-fonds/index-eng.php
Joint Statement on Safe Sleep Preventing Sudden Infant Deaths in Canada	http://www.phac-aspc.gc.ca/hp-ps/dca-dea/stages-etapes/childhood-enfance_0-2/sids/jsss-ecss-eng.php

Lessons Learned Review: Public Health Agency of Canada and Health Canada response to the 2009 H1N1 pandemic	http://www.phac-aspc.gc.ca/about_apropos/evaluation/reports-rapports/2010-2011/h1n1/pdf/h1n1-eng.pdf
National Active and Safe Routes to School Summit	http://www.canadawalks.ca/downloads/summit/Oct6-11-ASRTS-Summit-Report-Final-E.pdf
National Collaborating Centres for Public Health	http://www.phac-aspc.gc.ca/php-psp/ncc-eng.php
Our Health Our Future – A National Dialogue on Healthy Weights Report	http://www.phac-aspc.gc.ca/hp-ps/hl-mvs/chof-nsna/index-eng.php
PHAC - Canadian Best Practices Portal	http://cbpp-pcpe.phac-aspc.gc.ca/
PHAC - Strategic Plan: 2007 – 2012, Information, Knowledge, Action	http://www.phac-aspc.gc.ca/publicat/2007/sp-ps/index-eng.php
PHAC - Sustainable Development	http://www.phac-aspc.gc.ca/about_apropos/sd-dd/index-eng.php
PHAC Audit Report - Laboratory Management	http://www.phac-aspc.gc.ca/about_apropos/asd-dsv/ar-rv/2010/alm-vgl-eng.php
Public Health Agency of Canada	http://www.phac-aspc.gc.ca/index-eng.php
Public Health Agency of Canada (Financial Statements)	http://www.phac-aspc.gc.ca/about_apropos/dpr-rmr/fs-ef/2011-2012/index-eng.php
Red Tape Reduction Commission	http://www.reduceredtape.gc.ca/index-eng.asp
Reducing Health Disparities Related to Diabetes: Lessons Learned Through the Canadian Diabetes Strategy Community-Based Program	http://www.phac-aspc.gc.ca/cd-mc/diabetes-diabete/rhd-rds-2011/index-eng.php
Review of the Agency's Readiness Activities for the 2010 Olympic and Paralympic Winter Games	http://www.phac-aspc.gc.ca/about_apropos/asd-dsv/ar-rv/2010/rar-eap-eng.php
Skills Online	http://www.phac-aspc.gc.ca/php-psp/ccph-cesp/index-eng.php
The Cabinet Directive on the Environmental Assessment of Policy, Plan and Program Proposals	http://www.ceaa.gc.ca/default.asp?lang=En&n=B3186435-1
The Canadian Pandemic Influenza Plan for the Health Sector	http://www.phac-aspc.gc.ca/cpip-pclcpi/index-eng.php
The Chief Public Health Officer's Report on the State of Public Health in Canada, 2011: Youth and Young Adults – Life in Transition	http://www.phac-aspc.gc.ca/cphorsphc-respcacsp/2011/index-eng.php

[i] Whole-of-government framework, http://www.tbs-sct.gc.ca/ppg-cpr/frame-cadre-eng.aspx
[ii] The *Cabinet Directive on the Environmental Assessment of Policy, Plan and Program Proposals*, http://www.ceaa.gc.ca/default.asp?lang=En&n=B3186435-1
[iii] Environment Canada - Sustainable Development, http://www.ec.gc.ca/dd-sd/default.asp?lang=En&n=C2844D2D-1
[iv] Public Accounts of Canada 2011, http://www.tpsgc-pwgsc.gc.ca/recgen/txt/72-eng.html
[v] PHAC DPR 2011-12 Supplementary Tables http://www.phac-aspc.gc.ca/about_apropos/dpr-rmr/2011-2012/suppl-eng.php